

REGISTRATION INFORMATION

DETACH AND SEND WITH CHECK.

NAME: _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL: _____

PHONE: _____

GRADE IN FALL: _____

SCHOOL: _____

SHIRT SIZE: S, M, L, XL, XXL _____

COST: \$30

I give my child permission to participate in the Warrior Camp. I understand my child will not be allowed to participate without a signed waiver of consent and acknowledgement of risk (over).

SIGNATURE: _____

DATE: _____

Mail to:

*Warrior Football
401 Highland Drive
Fredonia, WI 53021*

Due by June 7, 2018

Warrior Football
401 Highland Drive
Fredonia, WI 53021

WARRIORS

WARRIOR GRIDIRON CLUB

PRESENTS:



Warrior Football Camp

***High School and Middle
School Football Skills Camp***

**OPEN TO ALL AREA FOOTBALL
PLAYERS**

Grades 7-12

June 12, 2018

WWW.OZAUKEEFOOTBALL.COM

CAMP OVERVIEW

The objective of this camp is to offer a quality, and affordable camp focused on football skills, techniques, and leadership.

The camp director is Coach Jim Lippe. Lippe is the current head coach at Ozaukee High School. Also, he is a former starting offensive lineman at Western Michigan University.

The camp will be coached by Warrior Varsity and Youth Coaches.

Each player will be instructed in offensive and defensive positions. There will be a special emphasis on the passing game and lineman skills. The camp will highlight:

- 7 on 7 competition
- Big Man competition
- Dynamic stretching and form running
- Defensive and offensive position skills

WHAT TO BRING

- **Shorts**
- **Football Cleats**
- **Gym Shoes**

RAIN OR SHINE

Enter in the rear of school

June 12, 2018

4:00 Registration

4:40 Meeting

5:00 Camp Starts

8:00 Camp Ends

QUESTIONS?

Call Coach Lippe at (414)530-2205 or
email: warriorgridironclub@gmail.com



WAIVER OF CONSENT

My son has my permission to attend the WARRIOR GRIDIRON CLUB FOOTBALL SKILLS CAMP. I certify that within the past two years, he has had a physical examination and that he is physically able to participate in football camp activities without restriction. In the event of an illness or injury, I give my consent for medical treatment and permission to attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my son's attendance in camp.

I acknowledge that at the WARRIOR GRIDIRON CLUB FOOTBALL SKILLS CAMP my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground, and that at the WARRIOR GRIDIRON CLUB FOOTBALL SKILLS CAMP he may incur a risk of injury. I specifically waive, give up and release the WARRIOR GRIDIRON CLUB FOOTBALL SKILLS CAMP and staff from liability for any claim for damages which I or my son may have for injuries or illness that he may sustain at camp.

SIGNATURE: _____

DATE: _____



Ozaukee Warrior Football Camp 2017