

## Registration Information

**Detach and send with check.**

NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

GRADE IN FALL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SHIRT SIZE: (Youth) L, M (Adult) S, M, L, XL \_\_\_\_\_

COST: PREREGISTRATION \$30

DAY OF \$35

I give my child permission to participate in the PPK camp and competition. 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

Walk-ups Welcome!

Warrior Football  
401 Highland Drive  
Fredonia, WI 53021

# Punt, Pass, Kick

## Warrior Gridiron

**Club Presents:**

**Punt,  
Pass, and  
Kick  
Camp**



**For students going into**

**1st-6th grade in fall**

**Saturday, June 9**

**Camp: 8:15-1:00**

[www.ozaukeefootball.com](http://www.ozaukeefootball.com)

# Camp Overview

This camp is designed for kids who want to learn the basics of football. The camp is run by Ozaukee Varsity Head Coach, Jim Lippe, and Ozaukee Youth Football Director, Kevin Klas.

The Punt, Pass, and Kick Camp is a fun environment where kids learn about the fundamentals of football with a special emphasis on punting, passing, and kicking.



# Camp Schedule

- 8:15– Registration and sign in
- 8:30– Introduction
- 8:40– Warm up and drills
- 10:10– Weight room tour
- 10:20– Video and snack
- 11:45– PPK competition
- 12:45– Awards and speech by Coach Lippe
- 1:00– Dismissal

**Punt Pass and Kick  
Competition will  
be held at 11:45**



## Waiver of Consent

My child has my permission to attend the YOUTH FOOTBALL PPK CAMP. I certify that within the past two years, he or she has had a physical examination and he or she 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 child's attendance in camp.

I acknowledge that at the YOUTH FOOTBALL PPK CAMP my child 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 at the YOUTH FOOTBALL PPK CAMP he or she may incur a risk of injury. I specifically waive, give up and release the YOUTH FOOTBALL PPK CAMP and staff from liability for any claim for damages which I or my child may have for injuries or illness that he or she may sustain at camp.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_