



# Arapahoe High School Football Youth Football Camp

Ages: 7 - 14

June 12 - 15, 2017

10:00 AM – 12:00 PM

Cost: \$90.00

Dear Parents,

At the Warrior Football Camp the coaching staff has a few main goals in mind. First and foremost that each camper has fun, improves technically, and that they will leave here with a few practical drills that they can do on their own.

The camp will include time for learning and improving basic football fundamentals and techniques through position specific drills taught individually by the Arapahoe football coaching staff. Athletes are strongly encouraged to participate in as many different position drills as time allows.

The Warrior coaching staff looks forward to receiving your RSVP and working with your kids!

Sincerely,

Mike Campbell – Head Football Coach

Youth Football Camp	Schedule	Location:
Camp Stretch	10:00 am-10:20 am	AHS Football Field
Offensive Position Drills	10:20 am-11:00 am	AHS Football Field
Water Break	11:00 am-11:10 am	AHS Football Field
Defensive Position Drills	11:10 am-11:50 am	AHS Football Field
Water Break/Announcements	11:50 am-12:00 pm	AHS Football Field

Each camper will need to bring T-shirt, athletic shorts, and football shoes. Water will be provided but a separate water bottle is recommended. Plan on arriving by 9:45 am on Monday June 12<sup>th</sup>, in order to process any paperwork. Please retain the top portion of this page for your records and return the area below the line to the address indicated below.

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ Position \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Email \_\_\_\_\_

\*Make checks for \$90 payable to **Arapahoe Quarterback Club**.

\*Send to:

**Arapahoe Football c/o Mike Campbell  
7718 S. Cherry Court  
Centennial, CO 80122**

\*\*For more information contact the Arapahoe Football Office at 303-347-6046 or 303-717-6327.

### MEDICAL RELEASE

Please list any pre-existing medical condition or special medication \_\_\_\_\_

I hereby register my child for the Warrior Football Camp and authorize the staff to direct them in participation in camp activities. My child has no medical or emotional problem which may affect their ability to safely participate in the above mentioned camp. The camp staff is authorized to attend to any health problem or injury my child may incur while attending camp. I further acknowledge that anyone associated with the Warrior Football Camp will not be liable for any damage from injuries or illness sustained while participating in camp.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Insurance Company Policy # \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_