

MVHS Bulldogs 2022 Youth Football Camp



This camp is for the Mount Vernon student athletes from 1st-9th grade. We have designed this camp to prepare you for the upcoming 2022 football season! We will share new techniques and skills that will help you and your team have a successful season. Basic offensive and defensive skills, such as blocking and tackling, will be taught and worked on daily. Individual and team football concepts will be emphasized along with instilling team building throughout the camp. **This is a non-contact football camp.** We will help you get into better shape and be prepared for the upcoming season. There will be a punt, pass, and kick contest at the end of camp. A big emphasis will be placed on having fun!

- June 15th- Camp 4:00 pm-6:00 pm
 - June 16th- Camp 4:00 pm-6:00 pm
 - June 17th - Camp, BBQ, HS Scrimmage 4:00 pm-7:00 pm
 - ★ June 20th- Incoming Freshman Football Orientation/Practice 5:30 pm-7:00 pm
 - ★ June 21st- Incoming Freshman Football Orientation/Practice 5:30 pm-7:00 pm
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COST: \$50 (Checks payable to Mount Vernon Football Boosters)

*****Registration*****

Please pre-register before June 1st, to guarantee T-shirt size. Fill out this form and the emergency form on the back, and send it to PO Box 2097 Mount Vernon, WA. If athletes are registering on the first day of camp, bring this form and a \$50 cash, check, money order.

Player Name: _____ Age: _____

Grade in Fall 2022: _____ School: _____

Player School Email: _____

Shirt Size: **Youth**- M L **Adult**- S M L XL 2X

For more information on camps and registration, please contact Coach Alexander at kalexander@mvsd320.org or (360) 428-6100 ext. 41042

Emergency Medical Treatment Authorization
(Please Print Clearly)

Players Full Name: _____

Parent/Guardian Name: _____

Telephone: _____ Cell: _____

Work: _____

Address: _____

Insurance Company: _____

Policy #: _____

Family Physician or Health Care Provider: _____

Family Physician/Health Care Provider Phone: _____

Preferred Hospital: _____

Medical Conditions to be aware of: _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider?

Yes: _____ No: _____

Disclaimer:

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Parent(s)/Guardian Signature: _____

Date: _____