

2012 Future Braves Football Skills Camp

Grades 2nd – 6th

- This camp is a non-contact camp designed to develop football skills at all positions and allow players to learn Bonner Brave football terminology, schemes, and position drills / skills.
- The camp will be run by the Bonner Springs High School / Middle school football staff and coaches from Bonner Springs youth football.
- Each player will have the opportunity to develop skills on both the offensive and defensive side of the football.
- The camp will be held at David Jaynes Stadium next to Bonner Springs High School from July 23rd – 26th from 7 to 8 p.m.
- Athletes need to bring football cleats (if possible)
- Cost of Camp is \$25.00 / person or \$40.00 / family ; make checks payable to Bonner Brave Football.
- Registration deadline is July 9th- registration form and check can be dropped by the Bonner Springs High School Athletic office, BSHS Weight Room, or mailed to: Bonner Springs High School, C/O Coach Lucas Aslin, 100 McDaniel Bonner Springs, KS 66012.
- If you have questions please contact Lucas Aslin- Head Football Coach at Bonner Springs HS at aslinl@usd204.net

(Please cut @ line and return bottom portion with payment)

Athletes Name: _____ Grade (entering Fall 2012): _____

T-Shirt Size: _____ Youth / Adult _____ Offensive Position: _____ Defensive Position: _____
(Circle One)

Parent / Guardian: _____ Phone #: _____

Address: _____ City: _____ Zip Code: _____

Name of Insurance Company: _____

Insurance policy number: _____

Release of Liability / Medical Consent / Authorization

My student athlete, _____, has my permission to participate in the Future Braves Football Skills Camp. I understand that my student athlete will participate in activities that may involve physical contact with other persons and objects, including contact with the ground. I specifically waive, give up, and release the instructors and camp from liability for any claim or financial responsibility for damages which my student athlete may have for injuries or illnesses that he/she may sustain at or traveling to and from the camp. In the event of an emergency in which my student athlete requires medical attention, I authorize the staff to act for me and to obtain whatever medical treatment that the staff may deem necessary. I further agree to be responsible for any medical or other charges in conjunction with my student athlete's participation at the camp. If your student athlete has any restrictions or physical impairment that we need to be advised of, please list them under your signature on this form.

Parent / Guardian Signature: _____ Date: _____