

Participation:

I will need at least 20 athletes to participate for the coaching staff to have a successful camp. If we do not get 20 athletes to participate, we will have to cancel the camp and you will get back 100% of the registration fee.

***2021 SKYHAWKS
MIDDLE SCHOOL
FOOTBALL CAMP
GRADES 7-8***



July 26th-28th

Time: 4:30- 6:00pm

Miller Field @ Shiloh



GO SKYHAWKS!

Mission Statement: Increase individual and team performance by providing intensive instruction to all positions on offense and defense

What We will Provide: Helmet, shoulder pads, girdle, practice pants, and practice jersey.

What To Bring: Football cleats, socks, practice shirt, mouth guard.

Coaches: Campers will receive instruction from the Shiloh Christian football coaching staff.

Start Time: 4:30 pm sharp, Miller Field @ Shiloh

Camp Price: \$75 Registration if received by June 1st, \$100 after that. Registration includes instruction from Shiloh Football Coaches and camp T-shirt.

Waiver: I understand that this camp, Shiloh Christian School, and the coaches have no responsibility, assume none, and do not carry any accidental insurance for the players. I assume full responsibility for my child's medical expenses and well being. I also waive any and all claims against this camp, the coaches, and Shiloh Christian School

Gear Pick-up: Gear can be picked up Sunday July 25th from 4-6pm at Shiloh Christian High School (upstairs equipment room). Other arrangements can be made by contacting Coach Barker. 701-260-9436

Attendance by Players:

ALL players need to be at camp. We will be installing our base offense and defense. This camp provides our team a jumpstart into the season.

Don't allow yourself to fall behind your teammates by not attending our annual camp. Join your teammates in making yourself and our team better.

“It's not the will to win, but the will to prepare that makes the difference” Bear Bryant

Questions: Contact Coach Barker with any questions or concerns at 701-260-9436 or funnon_barker@bismarckschools.org

Camp Registration Form

**Please Return Form To:
Funnon Barker
2530 Berkshire Dr.
Bismarck ND, 58503**

Write Checks Out To: Funnon Barker

Players Name: _____

Address: _____

Telephone No: _____

Grade in 2021/22: _____

Circle an offensive and defensive position:

Offense: QB RB WR OL TE

Defense: DL LB DB

I have read and agree to all the terms of the waiver in this brochure and understand that no refunds will be given after June 1st

Parent signature: _____

Date: _____

Camp Shirt: (Adult Size)

S M L XL XXL XXXL

Additional shirts can be purchased for \$20

Number of Additional Shirts: _____

Additional shirt sizes: _____