

# 2016 Junior Wildcat Football Camp

On behalf of the football players and coaching staff at Edmonson County High School, I would like to invite you to the "2016 Junior Wildcat Football Camp" this May 3-5. If your goal is to be the best, then we hope you will plan to attend this camp. This will be a **non-contact camp**. Players simply need to wear gym shorts, T-shirts, and tennis shoes. They should bring football cleats if they have them.

Edmonson County High School players and coaching staff will instruct the campers in the basic fundamentals of football. Each camper will get to compete in a punt, pass, and kick competition. **They will all receive a camp T-shirt, a certificate, and a chance to win numerous prizes, such as t-shirts, Russell gear, etc.** The camp will be held at Edmonson County High School. Campers should report to the Football Field House on the football grounds.

The camp will begin on Tuesday, May 3<sup>rd</sup>, from 3:15 p.m. to 4:45 p.m. and run through Thursday, May 5<sup>th</sup>. The camp ends each day early enough to allow the kids to play in the parks and recreation's baseball games later that day. We will close the camp Thursday with a short program that will include an **Awards Ceremony, Obstacle Course, Pizza, and Powerade.** The cost of the 3-Day camp is only \$30. This camp is for students in grades K-8.

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May 3-5 Tuesday-Wednesday-Thursday (3:15 p.m.-4:45 p.m.)

**Cost-\$30**

**Make checks payable to: ECHS Football**

**THIS APPLICATION MUST BE RETURNED BY FRIDAY MAY 1<sup>st</sup>, 2015**

**WE DO ACCEPT WALKUPS ON TUESDAY IF NEEDED**

Mail or bring application to:

Edmonson County High School  
220 Wildcat Way  
Brownsville, KY 42210  
Attn: Coach Nathan Smith

Name \_\_\_\_\_ Grade (Current) \_\_\_\_\_

Parent's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

**Transportation Home (Check One)**

Ride w/Parent \_\_\_\_\_

Home Phone \_\_\_\_\_

Ride w/Friend \_\_\_\_\_

**T-Shirt size:** Youth S M L Adult--- S M L XL XXL

Phone and name to call in case of injury during camp

Name \_\_\_\_\_ Phone \_\_\_\_\_

I hereby grant permission to the Junior Wildcat Football Camp to have my son treated by a physician, if necessary, during camp. He is physically fit according to our family physician. I understand it is my responsibility to have insurance that covers my son in case of an accident during the camp and that the camp will not be held liable for any accident that occurs.

Physician's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

