SKY LINEMEN’S Football Camp

**Program**

The **SKY LINEMEN’S** Football Camp offers a unique opportunity to help develop young athletes into competitive, well skilled high school Teams. Players will learn techniques for both offensive and defensive team play. Each day teams will work on inside run, perimeter run, 7 on 7 and team situations. Individual work will be done with goal line passing, and offensive and defensive line pass rush and pass pro. We have put together a staff of coaches who are experienced and highly successful at the high school and junior college level. This 2 day camp will be taking place July 31 –August 1, from 3pm to 6pm at Laney College in Oakland. This is a contact camp. Participants will take part in individual and group drills.

**Registration**

Complete the attached form and return it with the $60 registration fee, per player, by July 14, 2017, payable to Skyline men Football camp. The fee includes camp instruction, and controlled contact opportunities. No refunds after July 16, 2017. Team Discounts are available.

**Medical**

Parents must complete the attached form before athletes are permitted to participate. Coaches certified in the first aid and CPR will be at the camp, as well as medical facilities nearby.

**Camp Conditions**

Students in attendance will abide by camp rules. Campers are expected to display good conduct and cooperate fully with our coaches. Campers who are unruly and disruptive will be sent home without refund. We believe this policy is consistent with our philosophy of making the **SKY LINEMEN’S** Football Camp a rewarding experience.

**SKY LINEMEN’S Team Camp**

**Application Form**

**Name (last)(first)**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_ State\_\_\_\_Zip\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Football Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release**

My son has permission to participate in the SKY LINEMEN’S Football Camp. I will be responsible for any medical or other charges in the connection with his attendance at the camp. I authorize the coaching staff of the SKY LINEMEN’S Football Camp to obtain any necessary medical treatment. I understand that this is not a Skyline High School or OUSD sponsored camp.

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Name (print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Co. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SEND APPLICATION TO:**

**SKY LINEMEN’S Football Camp**

**13086 Parkhurst Dr.**

**Oakland, CA 94619**

**CASH OR MONEY ORDER ONLY No Individual Checks !!!**

SKY LINEMEN’S FOOTBALL CAMPIS PART OF THE 5th Quarter LLC