

Pella Football Camp



Monday-August 3

QB's, RB's, WR's, TE's—9:00-10:30 a.m.
Offensive Line, TE's—5:00-5:50 p.m.
Full Team—6:00-8:30 p.m.

Tuesday-August 4

QB's, RB's, WR's, TE's—9:00-10:30 a.m.
Offensive Line, TE's—5:00-5:50 p.m.
Full Team—6:00-8:30 p.m.

Wednesday-August 5

QB's, RB's, WR's, TE's—9:00-10:30 a.m.
Offensive Line, TE's—5:00-5:50 p.m.
Full Team—6:00-8:30 p.m.

Thursday, August 6

QB's, RB's, WR's, TE's—4:30-5:50
Offensive Linemen—5:00-5:50 p.m.
Full Team—6:00-8:00 p.m.

Friday, August 7

QB's, RB's, WR's, TE's—9:00-10:15
Full Team—5:00-6:50 p.m.

Camp Information

Team camp is designed to help our TEAM prepare for the upcoming football season. It would be good if you are able to be in attendance.

We will be introducing drills, skills, techniques, offensive and defensive schemes, along with running and conditioning work.

Location

Pella High Game Field

Cost

The cost of the camp is \$30.00

Please make checks payable to
Pella Football Camp.
Every participant will receive a t-shirt.

Registration Form

Please detach and return form to:

Jay McKinstrey
404 Washington
Pella, Iowa 50219
641.628.4402

Forms also available at www.pellafootball.com

Pella Football

Name _____

Address _____

Player Telephone _____

Please circle T-shirt size

Small Medium Large
X-Large XX-Large XXX-Large

Release of Liability and Medical and Surgical Authorization

In consideration of the 2020 Pella Football Camp, granting the student permission to participate in the 2020 Pella Football Camp, I hereby assume all risks of his or her personal injury (including death) that may result from any 2020 Pella Football Camp activity. As guardian I do hereby release the 2020 Pella Football Camp and their officers, agents, and all instructors and all participants in said Football Camp from all liability, including claims and suits of law or in equity, for injury, fatal, or otherwise, which may result from the student taking part in Football Camp activities.

In addition, I hereby authorize and give my consent to any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. I agree to assume all costs related to such treatment. I acknowledge that my child is physically able to participate in football camp activities without restriction. I know of no medical or physical problems which would affect my child's ability to participate.

Parent's/Guardian's Signature

Phone _____ Date _____

If parent/guardian cannot be reached, contact:

Phone _____

