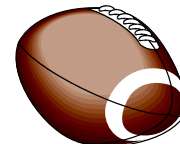


2011 West Allis O&D Football Camp



DATE: July 20, 21, 25, 26, 2011
TIME: 4:00 pm – 8:00 pm
LOCATION: West Allis Athletic Field, 117th & West Cleveland Avenue
AGE: All boys that were in 8th, 9th, 10th, 11th grade during 2010-2011 school year.
FEE: Residents: \$55.00 / Non-Residents: \$83.00
REGISTRATION: Register in person or mail to WA-WM Recreation Dept., 1205 S 70th St., 4th floor, West Allis 53214 or register online at <http://www.wawmrec.com> .

FOR FURTHER INFORMATION: call 604-4900

DEADLINE TO REGISTER: Friday, July 9, 2011

MATERIALS NEEDED FOR CAMP:

1. Appropriate gear for outdoor work (shorts, socks, supporter, sweatshirt, etc.).
2. Tennis shoes and football shoes.
3. Football equipment will be used (helmets, shoulder pads, etc.).
4. Mouth Guard (may be purchased at camp for \$1.00).
5. Willingness to work hard in order to improve skills

The West Allis O&D Camp will emphasize the fundamentals needed to be a successful athlete on the gridiron. The Split Back Veer offense and the 3-4-3 Defense will be taught.

CAMP COORDINATOR: Sean Hegarty, Nathan Hale Varsity Head Coach

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2011 WEST ALLIS O & D FOOTBALL CAMP – PLEASE PRINT

Child's Name: _____ Date of Birth: _____

Address _____ City _____ Zip _____

Phone _____ School _____ Grade (10-11 School Year) _____

Name of Person Paying: _____ Home Phone: _____ Work Phone: _____

Address: _____ City: _____ Zip: _____

POSITION (Please <input checked="" type="checkbox"/>) <input type="checkbox"/> QB <input type="checkbox"/> B <input type="checkbox"/> OL <input type="checkbox"/> TE <input type="checkbox"/> DL <input type="checkbox"/> LB <input type="checkbox"/> DB		ADULT T-SHIRT SIZE (<input checked="" type="checkbox"/> one) <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
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My son has permission to attend the **West Allis O&D Football Camp**. I certify that within the past two years he has had a physical examination and that now he is physically able to participate in football camp activities without restriction. In the event of illness or injury, I give my consent for medical treatment and permission to the attending coach or physician to hospitalize and secure proper treatment. I will be responsible for any medical or other charges in connection with my son's attendance at camp. I acknowledge that at the Camp my son will participate in a sport that may involve physical contact with other persons or objects, including the ground which may involve the risk of injury. I specify, waive, give up and release the **West Allis O&D Football Camp** and staff from liability for any claim for damages which I or my son have for injuries or illness that he may sustain at camp.

Parent/Guardian Signature _____
 No player will be accepted without parent approval

Check payable to: WA-WM Recreation Department

Fee: \$55.00 Resident/\$83.00 Non-Resident check cash Registration: 8104.201