



FOUNTAIN CENTRAL MUSTANG YOUTH FOOTBALL CAMP

WHO: Any student who is entering grades 3, 4, 5, and 6 next school year...(2019 - 2020)

WHEN: July 8th, July 9th, and July 10th

WHERE: Fountain Central High School

TIME: 4:30 – 6:00 p.m.

COST: The fee is \$30.00 per camper. This will include instruction and football Tee-shirt.

Please make checks payable to:
FOUNTAIN CENTRAL HIGH SCHOOL.

TEE-SHIRT: Each camper will receive a FOUNTAIN CENTRAL FOOTBALL CAMP T-Shirt if the camper signs up in time.

DRESS: Each boy will provide his own clothing and some type of athletic shoes. Campers should wear camp Tee-shirt each day.

INSTRUCTION: Campers will be instructed in the various phases of football fundamentals. Instruction will be conducted by the Fountain Central coaching staff and Fountain Central football players.

COMPETITION: There will be touch football games daily. Teams will be grouped by grade. A punt, pass, and kick competition will be held the last day of camp.

REGISTRATION: Please register by **June 24th** to allow time for camp organization.

Please mail or return camp application and check to:

Fountain Central High School

c/o Ryan Hall

750 E U.S. Highway 136

Veedsburg, IN 47987

QUESTIONS: Please direct all questions to Ryan Hall, Camp Director, Fountain Central High School. Phone (260) 705-0825

*** NOTE: PLEASE KEEP THIS PART OF THE BROCHURE FOR YOUR USE.**



**FOUNTAIN CENTRAL YOUTH FOOTBALL CAMP
APPLICATION**

**(PLEASE PRINT)
NAME**

LAST, FIRST

GRADE NEXT YEAR _____

ADDRESS _____ ZIP _____

BIRTHDAY ____/____/____ AGE _____

PHONE _____

PLEASE CIRCLE: HOME; FATHER'S WORK; MOTHER'S WORK

TEE-SHIRT SIZE: (CHECK ONE) YOUTH: SMALL _____ MEDIUM _____
LARGE _____ XLARGE _____

FAMILY DOCTOR _____ PHONE _____

HOSPITAL PREFERENCE _____

LIST ALL HEALTH AND OR PHYSICAL PROBLEMS

WAIVER

I HEREBY AUTHORIZE THE DIRECTOR OF THE FOUNTAIN CENTRAL FOOTBALL CAMP AND THE STAFF TO ACT FOR ME, ACCORDING TO THEIR BEST JUDGMENT, IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION AND I HEREBY WAIVE AND RELEASE THE CAMP FROM ANY AND ALL LIABILITY FOR ANY INJURIES AND ILLNESSES INCURRED WHILE AT CAMP.

SIGNATURE: (PARENT OR GUARDIAN) _____

DATE _____

PLEASE MAKE CHECKS PAYABLE TO AND MAIL OR RETURN TO:

**Fountain Central High School
c/o Ryan Hall
750 E U.S. Highway 136
Veedersburg, IN 47987**

PLEASE REGISTER AS SOON AS POSSIBLE