

I (we) herby request that you accept the application form for enrolment of



_____ into 2006 Lion Cub Football Camp. I (we) certify that our child is physically fit to participate in an active football camp July 12-14, 2006 and that I (we) know of no physical impairments that would in any manner limit her/his participation in such a program. I herby release Louisville High School, all its employees, and camp staff from all claims related to any injuries that may be sustained by my child while attending the 2006 Lion Cub Football Camp. If medical attention is required for injury or illness while at camp, I give my permission for such medical care.

Parent/Guardian (print name)

Parent/Guardian Signature Date



Name
Address
City, State Zip

LOUISVILLE LION FOOTBALL
Lion Cub Football Camp
c/o Wally Johnson
PO Box 489
Louisville, NE 68037



More Info: (402) 234-3585
(402) 234-2597
e-mail: wjohnson@esu3.org

ACCEPT THE CHALLENGE!

LOUISVILLE LIONS FOOTBALL



2006 LION CUB Summer Football Camp

July 12th - 14th Grades 3 - 8



LION CUB Football Camp Schedule

Camp Dates:

Wednesday, Thursday & Friday
July 12th, 13th, & 14th, 2006

Camp Location:

Louisville HS Practice Field

Daily Schedule:

Session I

3rd & 4th Graders
8:00 to 10:00 a.m.

Session II

5th & 6th Graders
10:00 to 12:00 Noon

Session III

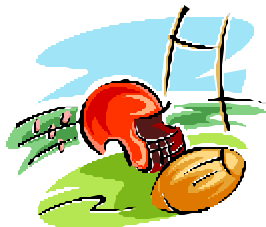
7th & 8th Graders
1:00 to 3:00 p.m.

Things You'll Need:

T-shirt, shorts and tennis shoes or cleats.

Cost of Camp:

The cost of this camp is \$25.00 which includes instruction and camp T-shirt.



Objectives:

- ✗ Provide a camp for kids to improve their fundamentals in the game of football.
- ✗ Atmosphere is enjoyable, competitive, and exciting.
- ✗ Build confidence in their football abilities.
- ✗ Non-contact camp, covering all areas of the game of football.
- ✗ The camp will be conducted by members of the Lion Football coaching staff and assisted by members of the Lion Football team.
- ✗ Other visitors, including former and current **Huskers**, are scheduled to appear and help work our camp.

Application:

Please fill out the form on the following page and return it by June 12th with \$25 payment to:

Lion Cub Football Camp

ATTN: Wally Johnson
Louisville High School
P.O. Box 489
Louisville, NE 68037

Make Checks payable to:
Louisville Lion Football

LOUISVILLE LION FOOTBALL Lion Cub Football Camp

Wednesday, Thursday & Friday
July 12th – 14th, 2006

Application Form

Student Name _____

Age _____ Grade _____
2006-2007 School Year

Day Phone _____

Emergency Contact Phone _____

(If different from day phone number.)

T-Shirt Size
Adult Sizes
(Please Circle One)

XS S M L XL

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*PLEASE COMPLETE BOTH SIDES OF THIS FORM.

Cut Here and Return