

Joe Susan, Head Football Coach and The Bucknell Football Family would like to invite you to the:

**BUCKNELL BISON JUNIOR FOOTBALL CAMP
SATURDAY AUGUST 4TH AT NOON**

This is a fundamental camp that will be geared toward young athletes ranging from going in to first grade to entering sixth grade. This is a shorts and T-Shirt camp. Bring shoes in which to run and/or football shoes if a child has them.

The cost for the camp is: \$50.00. There will be concessions available at the camp.

The itinerary for the camp is as follows:

SATURDAY AUGUST 4TH 2012

NOON – REGISTRATION AT CHRISTY MATHEWSON STADIUM

12:30 – FLEXIBILITY AND RUNNING SKILLS INSTRUCTION

12:45 – FOOTBALL FUNDAMENTALS DEFENSE

1:15 – WATER/ICE POP BREAK

1:20 – FOOTBALL FUNDAMENTALS OFFENSE

1:50 – WATER/ICE POP BREAK

2:00 – FOOTBALL FUNDAMENTALS SPECIAL TEAMS

2:30 – WATER/ICE POP BREAK

2:40 – GAMES

3:15 – HAND OUT TEE SHIRTS AND AWARDS

3:30 – CLOSE OF CAMP

Please use the following form as registration:

Name _____ HOME PHONE _____

Address _____ CELL PHONE _____

EMAIL _____

HIGH SCHOOL _____ HEAD FOOTBALL COACH _____

POSITION OFF: _____ DEF: _____ HT _____ WT _____

T-SHIRT SIZE _____

Parent(s) Name(s) _____

Email Address _____

Address (if different from camper) _____

Father's Cell Phone _____

Mother's Cell Phone _____

Insurance Carrier _____

Policy Number _____

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury, and the undersigned assumes this risk and releases the Bison Football Camp and Bucknell University, their officers, directors, agents and employees from any and all liability for personal injury arising out of the applicant's participation in the camp program. I hereby grant permission for my son to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness, or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my child is in good health and is able to participate in all camp activities.

Parent/Guardian Signature _____

Date _____

You can email the form to Debbie Hommel at: hommel@bucknell.edu

Or mail it to: **Bucknell Football Camp**
co: Debbie Hommel
KLARC
Bucknell University
Lewisburg PA 17837