

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

**BUCKNELL BISON FOOTBALL CAMP
SATURDAY JULY 28TH 2012 AT 9:00 AM**

This is a skills and competitive camp that will be combined with a recruiting presentation. This camp is open to all football players entering grades 9-12 in the fall of 2012. This is a shorts and T-Shirt camp; bring shoes in which to run and football cleats in which to compete. Quarterbacks are welcome to bring their own footballs.

The cost for the camp is: \$75.00. There will be concessions available at the camp.

If your parents want to join us for lunch the fee can be paid at registration and the cost is \$8.75.

The itinerary for the camp is as follows:

SATURDAY JULY 28TH 2012

9:00 – REGISTRATION AT CHRISTY MATHEWSON STADIUM

9:30 – FLEXIBILITY AND RUNNING SKILLS INSTRUCTION

9:50 – STRENGTH AND SPEED INSTRUCTION

10:50 – INDIVIDUAL

11:20 – BREAK

11:25 – INDIVIDUAL

11:55 – ONE ON ONES

12:30 – SHOWER

1:00 – LUNCH AT CAFETERIA

2:00 – CAMPUS TOUR

3:00 – MEET IN LANGONE CENTER

4:00 – END

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