



PERSONAL INFORMATION

Name: _____

Age: _____ Entering Grade: _____

Address: _____

Parent Name: _____

Phone #: ()

Emergency Contact

Name: _____

Phone #: ()

Player Bio

Height: _____ Weight: _____

Years played Football _____

**Please circle both an
Offensive & Defensive Position:**

Offensive

Defensive

Quarterback

Lineman

Running Back

Linebacker

Lineman

Secondary

Wide Receiver

Please Circle T-Shirt Size:

Adult

S M L XL XXL XXXL

Troy Syver
Campbell County High School
909 Camel Crossing
Alexandria, KY 41001

Campbell County



Camp

WHEN: JUNE 14TH – 18TH

WHO: Players Entering Grades
2nd thru 8th

TIME: Grades 2-5
8:30AM-11:00AM

Grades 6-8
1:00PM-3:30PM

WHERE: CCHS PRACTICE
FIELDS

PURPOSE

This camp was designed in order to help improve young athletes within their football careers. These athletes will be taught both the techniques needed on the field, as well as the self-discipline needed off the field in order to be successful.



What to Bring

- *Football Cleats
- *Gym Shoes (in case of weather)
- *Water Bottle
- *Great Attitude

WHAT TO EXPECT

Flexibility & Agility Training
Speed Training
Proper Stance & Starts
Specific Position Technique
Football Fundamentals
Skills Challenge
Competitive Games



COSTS

The cost of the camp will be \$65.00. Cost covers the week long camp, daily Gatorade, snack, and camp T-shirt. Make checks payable to:

“Campbell County Football”

Mail fee and personal information form to:

“Campbell County Football”
Campbell County High School
909 Camel Crossing
Alexandria, KY 41001
(859) 635-4161 EXT. 2175



PERMISSION SLIP

I give _____ permission to participate in the Fighting Camels Football Camp. Campbell County High School or any member of the camp staff will not be held liable for any accident or injury occurring during this camp.

In the event of an injury either at the camp or in route to the camp, I authorize the director, or other personnel to grant permission to me, understanding that if I am under 18, my parents or guardians will be contacted first, if they can; or notified as soon as possible afterwards, if not.

Please note any special medical concerns:

Parent/Guardian Signature:
