



SHELDON FOOTBALL



Dear Coaches, Parents and Players

The Sheldon Football Program will be going to a team football camp this summer. The camp runs from **July 17th-19th**, and the cost is **\$130 per player**. The camp will take place at SWOCC (*field turf facilities*). All Campers and Coaches will be eating and sleeping at SWOCC campus housing and cafeteria. Team will depart for Coos Bay at 8:00 am July 17th. **Check in will be July 17th from 10:00 am. -12:00 pm. and check out will be July 19th at 3:00 p.m.**

Camp Highlights

Team Scrimmages

7 on 7 Competitions

Nike Camp T-Shirts for all participants & coaches

SWOCC Campus Housing

SWOCC Cafeteria for all meals

Access to SWOCC weight room

Access to SWOCC film and meeting rooms for team instruction time (*all scrimmages will be filmed and uploaded to hudl after each session*)

Sample Schedule

7:30-9:00 Breakfast

9:00-9:15 Coaches Meeting

9:30-12:00 Practice Session (*includes individual work, team install time, 1 on 1's, controlled inside run, skelly, and controlled scrimmage time*)

11:45-1:00 Lunch

1:00-2:30 Time Off (*this is time to watch film, use the weight room, etc...*)

2:45-5:15 Practice Session (*similar to morning only the scrimmage portion will be refereed by OSAA sanctioned officials*)

5:00-7:00 Dinner (*all SWOCC facilities will be available during this time*)

7:30-9:00 7 on 7 for skill players & Lineman Challenge OL/DL

9:00-11:30 Movie/Recreation Center/Team Meetings

11:30 Lights Out

Camp Enrollment

Only Varsity and JV athletes are eligible to attend. To register, please fill out the attached camp registration form including the fee.

Camp Contact & Fee

For more information or to register, please contact **Shannon Burgess at 541-228-4179** or **Josh Line at 541-217-1528**. Fee's and registration are due for the camp by **June 2nd**. No additional fees required.

Sincerely,

Coach Line

Sheldon Head Football Coach



SHELDON FOOTBALL



Sheldon Football Team Camp 2017

July 17th-July 19th

(fill out and send to the Sheldon Athletic office no later than **June 2nd** if you plan to attend)

Name _____ DOB _____ Height _____ Weight _____

Address _____ Cell _____

T-Shirt Size: M L XL XXL

Parent/Guardian _____ Home/Cell Phone _____

Send \$130.00 Fee to:

Att: Josh Line/Matt Binkerd

2455 Willakenzie Rd.

Eugene, Oregon 97401

**Make Checks Payable to: Sheldon Football*

OFFICE USE ONLY: FEE PAID _____ FEE OWED _____

Insurance Information

Medical Insurance Co. _____ Policy/ID# _____ Group # _____

Consent for Medical Care & Treatment

Please notify the undersigned parent or guardian as noted below in case of an accident, serious illness, or other emergency. In the event you are unable to notify me, I hereby authorize medical personnel to secure whatever medical or surgical care is deemed reasonably necessary. Also, the undersigned further agrees to guarantee payment therefore.

Name of Family Physician _____ Phone _____

Other important medical information, allergies etc. _____

Emergency Contact Name _____ Phone _____

Waiver & Release of Liability

In consideration of being allowed to participate in the 2017 Sheldon Football Team Camp, the undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death. Further, there may be other risks not known to us or not reasonably foreseeable at this time. The undersigned agrees to assume all the financial obligations following such injury, disability, or death. The undersigned releases and agrees not to sue SWOCC, Sheldon High School, Eugene School District 4j, their coaches and directors from all liability.

I/We have read the above information and releases, understand that I/We give up substantial rights by signing it and sign it voluntarily.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____