

# Come on down to Dennis Ludwig Stadium!



Sheldon Football Presents

## Irish Football Camp for Students with Special Needs

### Event Details

**What:** Irish Football Camp for Students with Special Needs

**When:** Friday August 16<sup>th</sup>, 2019 9:00-11:00

**Where:** Dennis Ludwig Stadium (Sheldon High School)

**Who:** Children ages 5-20 with moderate disabilities living in Lane County

**Cost:** FREE; limited to 80 participants

### Camp Information

#### Activities

- \*Football drills with Sheldon Varsity Football Players
- \*Obstacle Course \*Tire throw \*Fun games\*Score Drill\*Individual and Team Pictures

#### Student Support

- \*Students must be accompanied by an adult
- \*SHS football players/football staff & adults trained to support students with special needs will assist in camp activities

#### Camp Participant Information

- \*Participants are invited to wear a SHS Jersey or bring their own
- \*Camp T-Shirts and BBQ included

***For information or questions please call Josh Line @ 541-217-1528***

**Registration forms are available at Lane County ESD and the 4J School District Offices**

# Irish Football Camp for Students with Special Needs

## Registration Form/ Medication Certification/ Parent's Consent for Treatment:

I hereby certify that \_\_\_\_\_ is physically fit to participate in an active physical program and I hereby certify that the Irish Football Camp for Students with Special Needs has full and unconditional authority to render first aid and refer for diagnosis any injuries occurring during camp. Sheldon High School, 4J School District, Coach Josh Line or any of his support staff shall not be held responsible for any consequences resulting from such injuries.

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Date: \_\_\_\_\_ Parent Signature \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

Names of people attending with student:

_____	_____
_____	_____
_____	_____

Youth Tee Shirt Size: YS YM YL

Adult Tee Shirt Size: S M L XL XXL

\*Please mail Registration Form/ Medication Certification/Parent's Consent for Treatment Form to:

Attn: Josh Line  
2455 Willakenzie Rd.  
Eugene, Oregon 97401