

# Walled Lake Northern Football Team Camp

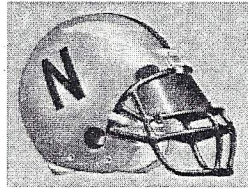


Join us for a week at the Walled Lake Northern Football Team Camp with the Northern coaching staff. Camp is open to all Freshman, JV and Varsity players. Campers will be working with each individual group, as well as team. This team camp will focus on each individual position as well as implementation of the Shotgun Spread Offense and the Multiple Front Defense. All campers should bring cleats and helmet. Helmets will be provided, please see Coach Moore prior to the start of camp.

### Camp Location: Walled Lake Northern Track Field

Class #	Class	Days	Time	Dates	Fee
RS11NFTC1	WLN Team Camp	M-F	Vary-See below	7/25-7/29	\$155

**\*CAMP TIMES: M-TH – 1:00-5:00pm, Friday – 9:00am-1:00pm**



To register: Please return the attached registration form and payment to Walled Lake Community Education, 615 N. Pontiac Trail, Walled Lake, MI, 48390. You can also fax it to (248) 956-5005. Make all checks payable to Walled Lake Schools. If you have any questions please call (248) 956-5000. Photographs may be taken, please refer to the website or call for more information. Registration deadline is 7 days prior to class beginning. You can also visit us on the web at <http://www.wlcsd.org/cec> to view more class information, and all policies.

CLASS #RS11NFTC1 WLN Football Team Camp Fee: \$155

Circle Shirt Size: YL AS AM AL AXL (All registrations without a size will receive AL)

Circle Short Size: AM AL AXL AXXL (All registrations without a size will receive AL)

Name: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work/Emergency # \_\_\_\_\_

Visa/MC # \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Emergency & Medical Information:**

Any medical, psychological or other problems? \_\_\_\_\_

Name of emergency contact (not parents) \_\_\_\_\_ (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

**Authorization to dispense medication must be on file with WLCE one week prior to camp beginning.**

**Release and Hold Harmless Authorization**

I authorize Walled Lake Community Education to secure emergency medical and/or surgical treatment for \_\_\_\_\_ WHILE IN THEIR CARE. Non-emergency medical treatment or elective surgery is not in this authorization.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_