**2023 ambush LITTLE GUY FOOTBALL CAMP 1ST to 8th grades**

**Date: July 17th to July 20th**

**Monday – Thursday**

**Time: 10:00 am – 12:00 pm**

**Location: HHS Practice Field**

**Eligibility:** Campers will be entering 1ST to 8TH Grade for the coming school year.

**Equipment:** Shorts, T- Shirt, and athletic shoes or cleats.

**Insurance and medical care:** Campers must have current medical insurance. Coaches with experience in treating athletic injuries will be present at all sessions. Please provide your family's insurance provider on the application form.

**Instruction**: Football fundamentals and techniques will be taught at levels for each age group is able to complete and understand the drills. Included in the football drills will be blocking, tackling, passing, running, and receiving.

Coaches: Helena High Football Staff/Bengal players/Guest Coaches

**Cost: $50.00 -- Includes: T-SHIRT, and AWARDS**

FAMILY RATE: 2 campers $85, 3 campers $120.00 --

Sign up Early! (Day of late sign-up will be 20 minutes before camp begins)

. \*\*\***SCHOLARSHIPS AVAILABLE—COST SHOULD NOT KEEP KIDS FROM ATTENDING\*\*\* CALL 208-312-4924 WITH QUESTIONS**

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**Application Form Ambush Football Camp**

PLAYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE (FALL 2023): \_\_\_\_\_ Circle T-Shirt Size (Youth Sizes: S, M, L Adult Sizes: S, M, L, XL, XXL)

FOR THE T-SHIRTS, PLEASE SPECIFY SO I CAN ORDER THE RIGHT AMOUNT OF EACH SHIRT.

PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I hereby register my student for the above-described camp and authorize the staff to direct him in participation in camp activities. My child has no medical problems which may affect his ability to safely participate in this camp. The camp staff is authorized to attend to any health problem or injury my student may incur while attending camp. I will allow the involved hospital and/or doctor to administer the required treatment of an emergency condition. I also understand that all incurred costs are my personal responsibility, and that Ambush Football Camp does not have insurance coverage for injuries to football camp participants.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Make Checks payable to Ambush Football Camp. --OR-- \*Venmo Payment to QR Code\***

**Return application form with payment to:**

**Dane Broadhead - Ambush Football Camp**

**906 Expedition TRL**

**Helena, MT 59602**

\****Please submit a copy of your insurance card so we have verification of coverage. Thank you***\*

PLEASE WRITE ONE CHECK FOR MULTIPLE CAMPERS and PROGRAMS. For more information call

(208)312-4924, or email at hhbengalfootball@gmail.com