

Bishop Kelly 2011 Youth Football Camp

19th Annual

Instructional Contact Football
Individual Offense/Defense
For Boys in Grades 4—8
June 27—30, 2011
(Monday—Thursday)

**Camp ends at 12:00 p.m. on
Thursday**

**Camp Director
Tim Brennan**



Daily Schedule

Check in: Monday at 9:15 AM
Monday—Thursday

10:00 Dress
10:15 Stretch/Warm-up
10:30 Individual Skills
11:15 Water Break
11:30 Small Group Skills
12:30 Lunch (Bring your own)
Highlight Film
Motivational Talks

1:00 Dress
1:15 Stretch
1:30 Small Group Skills
2:00 Team Period
2:50 Speakers
3:00 Camp Ends

Tim Brennan – Head Football Coach

Bishop Kelly High

7009 Franklin Road

Boise, ID 83709-0998

Place
Stamp
Here

CAMP INFORMATION

The philosophy of the Bishop Kelly Football Camp is to provide a positive introduction into the basic skills of tackle football for boys, grades 4 through 8.

Emphasis will be placed on proper blocking and tackling techniques. Every boy will have the opportunity to learn both offensive and defensive positions.

Athletes will be grouped according to their age, size, and skill levels. All drills will be closely supervised with individual instruction a priority. The four day camp will be conducted by the Bishop Kelly Football Staff and selected guest coaches from the area's top programs.

- Athletes will need to bring their own football equipment.
- We will provide helmets.
- They will also need to BRING THEIR OWN LUNCHES.

TRAINING FACILITIES

The Head Trainer and all training facilities will be made available to all athletes enrolled in the camp for the week.

LOCATION

Bishop Kelly High School
7009 Franklin
Boise, ID 83709
(208) 375-6010
tbrennan@bk.org

Send Applications to Bishop Kelly Football by June 23, 2011

FEE \$125; \$95 for additional family members.

Send check to BK to reserve your enrollment in the camp.

Please make checks payable to:
BK FOOTBALL.

Includes:

- Football Fundamentals
- Helmet
- Camp Gift
- Pro and college highlight films
- Motivational talks by college athletes
- Insurance

Registration Form:

NAME _____
ADDRESS _____

PARENTS NAMES _____

HOME PHONE _____

SCHOOL _____

AGE _____ GRADE _____

HT _____ WT _____

EMERG CONTACT _____

EMERG PHONE _____

INSURANCE

The accidental medical insurance provided by the Bishop Kelly Football Camp is an excess policy. The insurance will pay for covered expenses incurred, which are in excess of those payable by other valid and collectible individual or group insurance.

The undersigned has read and understands the terms and conditions of the Accidental Medical Expense Insurance Provided by the Bishop Kelly Football Camp. I hereby authorize the camp staff to act for me in case of emergency and I waive and release the camp from any and all liability for any injuries incurred while at camp.

SIGNATURE OF PARENT OR
GUARDIAN