

**Future Husky Youth Football Camp**  
**August 14 and 15, 2024**  
**Grades 7-8 (Fall 2024 Grade)**

Come and join the PHS coaches and HS players to sharpen your football skills. This year's camp will run **on Wednesday, August 14 and Thursday, August 15** from **6:30pm to 8:00pm**. We will meet at the varsity practice field. During this LIMITED-CONTACT camp, campers will be able to learn basic football fundamentals in all three areas of the game (offense, defense, and special teams). We will also spend some time working basic football schemes and playing fun football related games. Players will receive their equipment for the upcoming season at camp!

The camp fee is **\$25**.

**Proceeds from the camp go directly back to our football program. We will take registrations up to and during camp, we want you there!**

This will include instruction, camp gift, and a treat.

Please detach the below registration form and return it along with the camp fee!

**If you have any questions, please contact Coach Clark at 218-242-2125 or ([pclark@isd116.org](mailto:pclark@isd116.org)).**

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Application & Registration Form for the **2024 Pillager Youth Football Camp**

**PLEASE PRINT**

Name: \_\_\_\_\_ Age / Grade (Fall 2023): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Please note any medical condition we should be aware of: \_\_\_\_\_

I understand the Pillager Football Camp director and instructors will not be held responsible for injuries or loss of property while the above student is attending the camp. I do hereby release the State of Minnesota, Pillager School District, and the Pillager Football Camp director and instructors from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the Pillager Football Camp staff of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as result of treatment given to the above named student for

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

Name of Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Checks Payable to: Pillager Football Camp  
Mailing Address: 323 E. 2<sup>nd</sup> Street South, Pillager, MN 56473