# HUSKY PUP SUMMER FOOTBALL CAMP

**AUGUST 17 and 18 ~~7:00pm - 8:00pm~~** 6:00-7:00

## ***Grades 3-4*** (Fall 2026 Grade)

Come and join the PHS coaches and players to sharpen your football skills. HUSKY PUP SUMMER FOOTBALL CAMP will run **on Monday, August 17, and Tuesday, August 18,** from ~~7:00 pm to 8:00 pm~~. We will meet at the varsity practice fields. During this NON-CONTACT FLAG FOOTBALL experience, the players will warm up, spend some time working on basic football fundamentals, and play flag football.

The participation 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!**

Please detach the registration form below and return it along with the HUSKY PUP SUMMER FOOTBALL fee!

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

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Application & Registration Form for **2026 HUSKY PUP SUMMER FOOTBALL CAMP**
**PLEASE PRINT**

Name: _____ Age / Grade (Present): _____

Email: _____

Home Phone:(_____)_____Daytime Phone:(_____)_____

Please note any medical conditions we should be aware of: _____

I understand the HUSKY PUP SUMMER FOOTBALL coaches will not be held responsible for injuries or loss of property while the above student is attending. I do hereby release the State of Minnesota, Pillager School District, and the HUSKY PUP SUMMER FOOTBALL coaches from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the HUSKY PUP SUMMER FOOTBALL 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 illness or injury while attending or subsequent to attending HUSKY PUP SUMMER FOOTBALL. I hereby authorize the staff of HUSKY PUP SUMMER FOOTBALL to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent or Guardian: _____Date: _____

Checks Payable to: Pillager Football Camps
Mailing Address: 323 E. 2nd Street South, Pillager, MN 56473
**COME HAVE FUN AND LEARN ABOUT FOOTBALL!**