

**TWIN FALLS BRUIN/ GRIDIRON DREAMS ACADEMY
FOOTBALL SKILLS CAMP
JUNE 27, 28, AND 29, 2018 AT TWIN FALLS HIGH SCHOOL**

The Twin Falls High School along with Gridiron Dreams Academy Staff will be holding a three-day no pad football camp for all football players that are entering their 4th – 9th grades in the fall of 2018. This camp is designed for individuals that intend to play football next fall. Campers will work on fundamental football skills for a defensive and offensive position. The camp will start each day at 9:00 AM and end at 11:30 AM. Twin Falls High School coaching staff will instruct the first two days; current and former NFL along with former BSU football players will be the 3rd day instructors.

What to bring: Each camper should arrive in gym shorts, a t-shirt and football cleats.

Camp Application

CHECK YOUR DESIRED CAMP OPTION

___ Option 1: \$55.00 fee for pre-registration to the 2 day Bruin camp and 1 day of the Gridiron camp. Additional \$10.00 fee for walk-up or same day registration.

___ Option 2: \$30.00 fee for pre-registration to the 2 day Bruin camp only. Additional \$10.00 fee for walk-up or same day registration. NO GRIDIRON DREAMS CAMP FOR THIS OPTION

___ Option 3: \$35.00 fee for pre- registration to the 1 day Gridiron Dreams Camp only. Additional \$10.00 fee for walk-up or same day registration. NO BRUIN CAMP

**MAKE CHECKS PAYABLE TO TWIN FALLS HIGH SCHOOL FOR OPTIONS 1 & 2
MAKE CHECKS PAYABLE TO GRIDIRON DREAMS ACADEMY FOR OPTION 3**

Name: _____ Parents Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent/Guardian: _____

School: _____ Grade Entering fall 2018: _____

Date of Birth: ___/___/___ T-Shirt Size: ___SM ___Med ___LG ___XL Youth/Adult

Mail Payment To:
Twin Falls High School
C/o Allyn Reynolds
1615 Filer Avenue East
Twin Falls, Idaho 83301

Camp Location:
Twin Falls High School
Football Practice Field
1615 Filer Avenue East
Twin Falls, Idaho 83301

Camper (s) Name: _____ [Parents Release Statement]

I hereby authorize the staff of Twin Falls High School/Gridiron Dreams Academy Skills Camp to act for me according to their best judgment in any emergency requiring medical attention if I cannot be reached. I hereby wave and release the camp, Twin Falls High School, the camp directors, and anyone connected with the camp, from any and all liability for illness or injury occurring while at camp. I have no knowledge of any physical impairments that would be affected by my Son ('s)/ Daughter ('s) participation in the program.

_____/_____/_____
Parent/ Guardian Signature Date