

BOMBERS YOUTH FOOTBALL CAMP

GRADES: k – 8th (Entering in fall of 2023)

DATES: June 23rd / June 30th / July 14th / July 21st

(Circle the session(s) you plan on attending)

TIME: 4pm – 6pm

LOCATION: John Burroughs School

COST: \$40 Per Day

ATTIRE: T-Shirt / Shorts / Cleats

BRING: Athletic Shoes / Water Bottle

PARTICIPANTS WILL RECEIVE: T-Shirt

Daily Routine

Warm Ups - Skills Rotation

Competitions - Games

Techniques covered in camp

OFFENSIVE

Linemen - Receivers – Quarter/Running Backs

DEFENSIVE

Linemen – Linebackers – Defensive Backs

SPECIAL TEAMS

Snapping – Kicking - Punting

PAYMENT OPTIONS

Mail in with cash/check payment to the address below:

755 S Price Rd

St. Louis, MO 63124

Attn: Marty Rodgers or

Attn: Jud Dieffenbach

Questions

Please contact:

Marty Rodgers (Head Coach)

mrodgers@jburroughs.org

Jud Dieffenbach (Asst. Head Coach)

jdieffenbach@jburroughs.org

Name of Medical Insurance Carrier: _____

Plan Number #: _____

Subscriber ID Number #: _____

Parent/Guardian's Signature: _____

Waiver: _____ has my permission to attend the JBS Football Camps on the following dates of June 23rd & 30th, and July 14th & 21st. We release and waive any claims that may arise against John Burroughs School, Its faculty, and employees from any liability, including but not limited to personal injury or property loss or damage arising directly or indirectly out of my child's participation in the football camp. We agree to indemnify and hold John Burroughs, its faculty and employees harmless from any and all such liability or claim from damages.

Participant's Name: _____

Grade (FALL 2023): _____

T-Shirt Size (Circle one): Adult - S M L XL Youth - YS 6-8 YM 10-12 YL 14-16

Address: _____

City, State, Zip: _____

Cell Phone: _____ **Home Phone:** _____

Participant's Email Address: _____

Parent/Guardian's Email Address: _____