

## Location

Chiles Football Field  
House  
&  
Athletic Fields  
(Behind the school)

## Cost

\$150 for the week  
Registration and Money  
Due July 11th

## What to Bring

Gym Clothes  
Cleats  
Tennis shoes  
Water bottle  
Sunscreen

*"Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work."*

-Vince Lombardi



# CHILES

## 2016 Youth Football Camp

July 11-15  
8:00AM-12:00PM  
(Supervision 730AM-1230PM)

## Instructional Non-contact Football Camp

Ages 7-13

Instructors include former players from:

Ole Miss  
Mississippi State  
FAU

Coach Garrett Jahn  
7200 Lawton Chiles Lane  
Tallahassee, FL 32312

jahng@leonschools.net  
Phone | (863) 599-8538

[www.chilesfootball.com](http://www.chilesfootball.com)

## Camp Goals

- Develop sound football fundamentals:
  - Footwork
  - Stance
  - Ball Control
- Teach universal terminology, and football knowledge.
- Teach proper tackling techniques on bags, in an effort to help reduce injuries for kids who will participate in Tackle Football
- Build sportsmanship

## Activities Include

- Individual Challenges
- Team Challenges
- Group Drills
- Individual Drills
- Learning Sessions
- Film Study
- Passing Competitions
- Kicking Competitions
- Group Competitions

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Shirt Size : (circle one) Youth -S Youth -M Youth -L Adult -S Adult -M Adult -L Adult - XL

Current School: \_\_\_\_\_ Grade Next School Year \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ email \_\_\_\_\_

Parents Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**MEDICAL RELEASE**

I DO HEREBY GIVE CONSENT FOR PERSONNEL AND AGENTS OF THE TIMBERWOLVES FOOTBALL CAMP TO CALL FOR , ADMINISTER AND/OR OBTAIN MEDICAL ATTENTION FOR MY CHILD IN AN EMERGENCY. I ALSO HEREBY RELEASE PERSONNEL AND AGENTS OF THE TIMBERWOLVES FOOTBALL CAMP/LAWTON CHILES HIGH SCHOOL FROM ANY LIABILITY AND/OR DAMAGES AS A RESULT OF PARTICIPATION IN THE CAMP. I ALSO WAIVE ALL RIGHTS OF ENTITLEMENT CONCERNING SUCH LOSS.

Parent Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Camper's Physician: \_\_\_\_\_ Phone Number \_\_\_\_\_