



**QND Football
 Coach Bill Connell
 5th Annual
 Future Raider Football Camp
 Friday, April 7, 2017**



COST: \$30.00

GRADES: K thru 2nd

The clinic will help cover the basics of football on the turf at Advance Physical Therapy Field. In case of bad weather, we will be in the Pit. This camp introduces all the young players to each position, fundamentals, and techniques to be a successful youth football player and future Raider. QND football coaches and players will be in attendance for this great evening under the lights on the new turf field. All campers will receive a camp T-shirt.

SCHEDULE

Friday, April 7

6:00 - 6:30 p.m. Registration in front lobby
 6:30 - 8:00 p.m. Clinic
 8:00 - 9:00 p.m. Games under the lights on Advance Physical Therapy Field
 9:00 - 9:30 p.m. QND Football 2016 Highlight Tape
 9:30 p.m. Parents pick up all Raider Football Campers

Items To Bring To Camp

Each camper will need to bring warm clothes to be outside, tennis shoes, and rubber cleats if you have them. Very little money will be needed, except for additional soda, water or Gatorade.

WAIVER AND CAMP FEE MUST BE RETURNED TO QND BY MONDAY, APRIL 3rd.

Camper's Name _____ DOB ___/___/___ Age _____ Grade _____

Address _____ Home Telephone # _____

City _____ State _____ Cell Phone # _____

School Now Attending _____ T-Shirt Size: Youth M L XL (Circle One)

I, the parent or guardian, states that the above camper is in good health and able to participate fully in all camp activities. I also waive the rights to hold Quincy Notre Dame and its staff responsible for any injury sustained in this football camp. Due to recent changes in the Illinois High School Association By-Laws in regard to recruiting, parents or sons must request information and authorization from QND personnel prior to their attendance at Quincy Notre Dame. Pursuant to Illinois High School Association By-Laws, I hereby authorize verbal and/or written communication from all the QND Administration, any coach and all school personnel as defined in IHSA By-Laws 3.080.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

****Note: Please make all checks payable to Bill Connell.***