CAMPER REGISTRATION

Athlete: _____

Age: _____ Grade (*Fall of 2022*): _____

Parent: _____

Address: _____

City: _____ State: _____

Emergency Phone: _____

E-Mail: _____

(Please check the camp your athlete will be attending)

☐ Youth Camp/M.S. (Grades 3-8)
8/1/22 – 8/4/22 5:30 p.m. – 7 p.m.

☐ High School (Grades 9-12)
7/20/22 – 7/22/22 7 a.m. – 10 a.m.

T-Shirt *(adult sizes only):*

☐ S ☐ M ☐ L ☐ XL ☐ XXL

COST:
- $25 – Single Athlete
- $40 – Two Athletes Per Family
- $55 – Three Athletes Per Family

CENTRAL SABER FOOTBALL

Mail this registration and $25.00 camp fee to:

Central DeWitt Saber Football

% Coach Ryan Streets
331 East 8th Street
Box 110
DeWitt, IA 52742

Please make checks payable to:

Sabers Football

Stay updated with all the latest news and updates regarding

Central DeWitt Saber Football websites

http://www.centraldewittfootball.com

https://www.facebook.com/CentralSabersFootball
@SabersFootball

YOUTH/MS Camp
Grades 3 – 8

HS CAMP
Grades 9 – 12

2022 FOOTBALL CAMPS

CENTRAL DEWITT SABERS

AUGUST 1 – AUGUST 4 /3th-8th Grades
July 20th thru 22 /9rd-12th Grades

GENERAL CAMP INFORMATION

AREAS OF EMPHASIS

Develop proper mechanics of blocking and tackling

Footwork and drills for offensive & defensive positions

Ball handling drills for QB, RB and skill positions

General alignment for offense, defense and special teams

Instill proper sportsman-like conduct expected of members of the Saber Football Program

Introduce skills of leadership, discipline, hard work and commitment

Have fun!!

CAMP STAFF

Ryan Streets, Head Coach

Jason Lansing, Todd Kinney Assistant Coach

Mark Bloom, Mike Miller Assistant Coach

Clay Waterbury, Kurt Kreiter Assistant Coach

Dan Kedley, George Pickup Assistant Coach

Middle School Coaching Staff

Adam Grell, Carl Small,

Cam Donovan, ??.

DeWitt Youth Football Coach Staff

??????????????

What to Bring: Water Bottle & Football Cleats

ANTICIPATED CAMP SCHEDULES

YOUTH CAMP/Middle School

5:30 – 5:40p	Warm-up
5:40 – 6:00p	Offensive Skills
	Break
6:05 – 6:20p	Defensive Skills
	Break
6:25 – 6:40p	Special Teams
	Break
6:45-7:00p	"Saber Challenges"

HIGH SCHOOL

7:00 – 7:10a	Warm-up
7:10 – 7:35a	Individual Offensive Skills
7:35 – 8:05a	Team/Group Offense
	Break
8:10 – 8:25a	Individual Special Teams Skills
8:25 – 8:40a	Team/Group Special Teams
	Break
8:45 – 9:10a	Individual Defensive Skills
9:10 – 9:40a	Team/Group Defense
	Break
9:45 – 10:00a	"Saber Challenges"

CENTRAL DEWITT FOOTBALL CAMP PARENT RELEASE FORM

I hereby grant permission for my child, _____ to participate in the Central DeWitt Sabers Football Camp. My child has not suffered any illnesses in the past that would make participation in the camp a risk. I further agree to release from any liability, the Central DeWitt Sabers Football Camp, its staff and Central DeWitt Community School District for any injury or illness suffered by my child while attending or traveling to or from this camp. I further authorize the staff of the Central DeWitt Sabers Football Camp to act for me in case of any medical emergency because of injury or illness to my child. I acknowledge that I am aware that participation in this camp will require physical activities of a nature that could result in injury to participants notwithstanding the absence of fault on the part of the camp, its staff and Central DeWitt Community Schools. The camp staff has explained to me the particular activities to my satisfaction and I am hereby authorizing my child to participate in these activities.

Parent Signature _____ Date: _____

Emergency Contact _____ Phone _____