

# GREENFIELD HIGH SCHOOL FOOTBALL TEAM CAMP 2018

**DATE:** June 20<sup>th</sup> & 21<sup>st</sup> & July 17<sup>th</sup> -19<sup>th</sup> (dates are subject to change in case of rain)

**TIME:** 4:00 pm – 7:00 pm

**LOCATION:** Greenfield High School, 4800 South 60<sup>th</sup> Street

**AGE:** All boys that will be in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> and 12<sup>th</sup> grade during 2018-2019 school year.

**FEE:** Residents: **\$60**  
(Includes dry fit t-shirt and shorts, registration must be received prior to June 1<sup>st</sup> to guarantee of shirt and shorts)

**REGISTRATION:** Register in person or mail to Greenfield High School.,  
4800 South 60<sup>th</sup> Street, Greenfield, WI 53220

**FOR FURTHER INFORMATION:** Coach Keith Ringelberg  
email: [keith@ringelbergfinancial.com](mailto:keith@ringelbergfinancial.com)  
phone: 414-795-6262

**DEADLINE TO REGISTER:** Monday June 8<sup>th</sup>, 2018 (any late registrations will incur a \$10 processing fee)

**MATERIALS NEEDED FOR CAMP:**

1. Appropriate gear for outdoor wear (shorts, socks, supporter, sweatshirt, etc.).
2. Tennis Shoes, Football Cleats, & Mouth Guard.
3. Football equipment will be used (helmets, shoulder pads, etc.).
4. Willingness to work hard in order to improve skills

*The Greenfield High School Football Camp will emphasize the fundamentals needed to be a successful athlete on the gridiron.*

**CAMP COORDINATOR:** Keith Ringelberg Greenfield High School Head Football Coach

**2018 GREENFIELD HIGH SCHOOL FOOTBALL CAMP – PLEASE PRINT**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone \_\_\_\_\_ Grade Entering (2018-19 School Year) \_\_\_\_\_

POSITION (Please )	
QB RB WR OL DL LB DB	
ADULT T-SHIRT SIZE (one)	ADULT SHORTS SIZE (one)
M L XL XXL XXXL	M L XL XXL XXXL

My son has permission to attend the **GREENFIELD HIGH SCHOOL FOOTBALL CAMP**. I certify that within the past two years he has had a physical examination and that now he is physically able to participate in football camp activities without restriction. In the event of illness or injury, I give my consent for medical treatment and permission to the attending coach or physician to hospitalize and secure proper treatment. I will be responsible for any medical or other charges in connection with my son's attendance at camp. I acknowledge that at the Camp my son will participate in a sport that may involve physical contact with other persons or objects, including the ground which may involve the risk of injury. I specify, waive, give up and release the **GREENFIELD HIGH SCHOOL FOOTBALL CAMP** and staff from liability for any claim for damages which I or my son have for injuries or illness that he may sustain at camp.

Parent/Guardian Signature \_\_\_\_\_

No player will be accepted without parent approval

Check payable to: **GREENFIELD HIGH SCHOOL**

Fee: \$60 Resident      check      cash