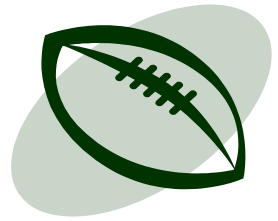




# Wolves Touchdown Club Youth Camp - 2009



*For football players entering the 2nd - 6th grades*

*Where:*

Eastlake High School Stadium

*What to wear:*

- Normal workout clothes
- Tennis or turf shoes

*What to Expect:*

- Individual Skill Instruction
- Daily Competition/Games
- Punt/Pass/Kick Competition
- Speed and Agility Training
- Guest Speakers
- Camp T-Shirt
- Camp Football

**July 27 - July 31, 2009**

9:00 am - 12:00 noon

(Check in starts at 8:15 am on July 27)

**- OR -**

**Aug 3 - Aug 7, 2009**

9:00 am - 12:00 noon

(Check in starts at 8:15 am on Aug 3)

*Instructors:*

Gene Dales, Eastlake Head Coach  
Eastlake High School Varsity Staff  
Current and Former Eastlake Football players

*Cost:* \$125 if registered before July 13  
\$135 if registered after July 13 (Late registrations and walk-ups accepted, but t-shirt and camp ball cannot be guaranteed)

For more information, email Camp Director, Gene Dales, at [GJDales@comcast.net](mailto:GJDales@comcast.net).

Mail this form to Wolves Touchdown Club Camp, 838 206th Ave NE, Sammamish, WA 98074. Attach a check for \$125, made out to: Wolves Touchdown Club.

Player's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**CHECK ONE: 7/27/09 Camp \_\_\_ OR 8/3/09 Camp \_\_\_**

Grade Next Fall \_\_\_\_\_ Circle Adult T-shirt Size S M L XL XXL

Parent name \_\_\_\_\_ Phone \_\_\_\_\_

Parent name \_\_\_\_\_ Phone \_\_\_\_\_

Email(s): \_\_\_\_\_

By signing below, I agree to hold harmless the Lake Washington School District, the Instructors of this Camp, and Eastlake Youth Football from all demands, claims, actions and damages arising out of incidents occurring during the aforementioned activity, which are beyond the influence of the supervising staff. If an injury occurs, I agree to use personal insurance to cover medical expenses. My insurance carrier is \_\_\_\_\_; Group No. \_\_\_\_\_.

Parent's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

