

# HILLSDALE COLLEGE CHARGERS

## 2012 YOUTH FOOTBALL CAMP

FOR STUDENTS ENTERING GRADES 1-6 IN THE FALL OF 2012

**When:** Saturday, April 21, 2012  
1:00-4:30 p.m.

**Where:** Hillsdale College  
Sports Complex  
201 Oak Street  
Hillsdale, Michigan  
(517) 437-7364

**Cost:** \$20 per camper  
(See the registration form  
below for payment information.  
Return the registration form  
with payment by  
Wednesday, April 18.)

[hillsdale.edu/athletics/football](http://hillsdale.edu/athletics/football)

### Schedule of Events:

1:00 p.m. Check in  
1:30 p.m. Welcome and Camp Itinerary  
Keith Otterbein, Head Football Coach  
1:45 p.m. Flex and Form Run  
2:00 p.m. Agility Drills  
2:15 p.m. Water Break  
2:20 p.m. Position Skill Instruction (water as needed)

- Quarterback / Wide Receiver Drills
- Running Back Drills
- Offensive Line Drills
- Defensive Line Drills
- Defensive Back Drills
- Linebacker Drills

3:50 p.m. Air Ball Game  
4:15 p.m. Closing Comments  
Keith Otterbein  
4:30 p.m. Camp Ends



## YOUTH FOOTBALL CAMP REGISTRATION FORM



Remove and return this portion, with payment, by **Wednesday, April 18.**  
Make check/money order for \$20 per camper payable to: Hillsdale College Football Camp.

PLEASE PRINT OR TYPE:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade in Fall 2012: \_\_\_\_\_ School: \_\_\_\_\_

Off Pos: \_\_\_\_\_ Def Pos: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ T-Shirt Size (select one): Youth S M L Adult M L

### PARENTAL CONSENT AND WAIVER FORM

I hereby appoint the staff of the Hillsdale College Football Camp to authorize medical treatment for my child for any injury or illness that may develop during camp. I hereby waive and release Hillsdale College and the camp's staff from any and all liabilities due to injuries incurred while at the camp. I accept full financial responsibility for any medical treatment that may occur.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company—Policy Number

*Hillsdale College Staff Trainers will be on hand to administer emergency treatment, if necessary.*

SEND TO: Hillsdale College Sports Complex, Attn: Craig Blanchard, 201 Oak St., Hillsdale, MI 49242