

RETURN REGISTRATION FORM
AND \$70.00 FEE BY JULY 7TH TO:

Coach Paul Jacobson
316 North Rd
Negaunee, MI 49866

7th – 12th grade players will work separately and together



Camp Checklist

1. Helmet
2. Football shoes
3. Tennis shoes (for weight room)
4. Shorts
5. T-shirt

2023
26th Annual
Negaunee Miners
Football Fundamentals
and Skills Camp

Grades 7th – 12th



July 10th – 13th
at Negaunee Miners Stadium

Camp Focus

Each athlete will receive training in strength and speed techniques – all positions. Kickers and punters, long and short snappers also.

This will not be a conditioning camp.

RAIN = INDOORS

Camp Schedule:

Monday, July 10th:

Check In Meeting: 8:30 AM

Practice: 9:00 – 10:30 AM Offensive Positions Break: 10:30 – 11:00 AM

Practice: 11:00 – 12:30 PM Defensive Positions Punt/ Kick: Optional
12:30 – 1:00 PM

Tuesday, July 11th:

Practice: 9:00 – 10:30 AM Offensive Positions Break: 10:30 – 11:00 AM

Practice: 11:00 – 12:30 PM Defensive Positions Punt/ Kick: Optional
12:30 – 1:00 PM

Wednesday, July 12th:

Practice: 9:00 – 10:30 AM Offensive Positions Break: 10:30 – 11:00 AM

Practice: 11:00 – 12:30 PM Defensive Positions Punt/ Kick: Optional
12:30 – 1:00 PM

Thursday, July 13th:

Practice: 9:00 – 11:00 AM Offense/Defense Team Work

General Information:

- For grades: 7th – 12th.
- **Camp fee is \$70.00 in advance.** Checks can be made payable to Negaunee Public Schools (NPS). Fee includes a camp gift.
- To register, fill out the form and send it to Coach Jake **by July 7th**.
- If you have any questions, see your coach or call Coach Jake at 906-475-7861 or 906-250-0932.
- There will be a certified trainer on hand from Active Physical Therapy.

Negaunee Football Camp Registration Form

Name:

Address:

Date of Birth:

Age:

Grade:

Amount Enclosed:

Offensive Position:

Defensive Position:

Phone Number (in case of injury):

Authorization:

I consider the football camp registrant above to be in good health and permission is granted to participate in all camp activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son. I understand that I will be notified in case of serious illness. All medical bills incurred by my child will be my responsibility.

Restricted Activities:

Known Drug Allergies:

Parent/Guardian Name:
(PLEASE PRINT)

Signature: