

SUMMER CAMP 2022

THE COLLEGE FOOTBALL EXPERIENCE **WITH FORMER COLLEGE FOOTBALL PLAYER, COACH TREY BURDINE**

Students will get the behind-the-scenes experience of what a college football player goes through during a week preparing for a flag football game on Saturday. Students will learn more than just the basics of football and will be receiving a playbook and jersey that they will get to keep.

SITE

The Montessori Academy Edison Lakes
530 East Day Road
Mishawaka, IN 46545

CAMP DATES/TIME

Mon. - Sat., July 18 - 23
Mon. - Sat., August 1 - 6
9:00 a.m. - 11:00 a.m.

FOR STUDENTS CURRENTLY IN GRADES:

4th - 8th (during the 2021-22 school year)

COST

\$150/week

(Cost includes playbook and jersey) Minimum of 10 students needed

ACTIVITIES INCLUDE

Passing/Catching
Route Running
Blocking
Running
Defense
Mock Interviews
Watching Film

Please complete registration form on reverse side.

2022 College Football Experience Registration Form

Child's Name _____ () Male () Female

Child's Birthdate _____ Child's 2021-2022 Grade Level _____

Parent/Guardian Name _____ Signature _____

Please indicate which week(s) your child will attend and return this form to The Montessori Academy front office, no later than June 15th, with check payable to: **The Montessori Academy**

_____ JULY 18-23

_____ AUGUST 1-6

CHILD'S SHIRT SIZE _____

\$150/week includes playbook and jersey

Circle One Desired Offensive Position: QB RB WR OL

Circle One Desired Defensive Position: DL LB DB

Office Use

pd. \$ _____ ck# _____

date _____ staff initials _____

All families must complete Parent/Guardian's Contact Information; Emergency Contact Information and Authorization and Consent for Medical Treatment.

Parent/Guardian's Contact Information

Address _____

City/State/Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Alternate Phone _____

Email _____

Emergency Contact Information

The school may contact the following person if unable to reach a parent. *(All families are required to list an emergency contact person other than the parents.)*

Name _____

Relationship _____

Home Phone _____

Work Phone _____

Cell Phone _____

Authorization and Consent for Medical Treatment

Child's Name _____

In the event that I am unable to be reached, I hereby authorize Mr. Trey Burdine to sign on my behalf any and all forms required in order to obtain emergency medical or hospital care for my child named above, and I specifically authorize and request that necessary emergency treatment be provided by you to my child. I realize that I am responsible for payment for such emergency care. A photocopy of this Authorization and Consent for Medical Treatment shall have the same force and effect as the original.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Printed Name _____

Printed Name _____