

# 2019 FOOTBALL CAMP

## AHHS CUBS Football



The AHHS coaching staff along with guest coaches will be hosting a limited-contact team camp July 29th-31st at the Alcester-Hudson practice field. The purpose of the camp is to provide the athletes with instruction on technique and the fundamentals of the game. The AHHS Team Camp is for any boy or girl in grades 9-12 that is interested in playing football. The cost of the camp is \$40.



# 2019 AHHS TEAM CAMP

## Schedule of Events: (July 29th-31st)

<b>7:45 – 8:00</b>	<b>1st Day (Equipment Handout)</b>
<b>8:00 – 8:15</b>	<b>Warm-up/Stretch</b>
<b>8:15 – 8:45</b>	<b>Offensive Individual Period</b>
<b>8:45 – 9:15</b>	<b>7-on-7/Special Teams</b>
<b>9:15 – 9:45</b>	<b>Team Offense</b>
<b>9:45 – 10:00</b>	<b>Contest/Competition Time</b>
<b>10:00 – 10:30</b>	<b>Defensive Individual Period</b>
<b>10:30 – 11:00</b>	<b>Goal Line/Long Yardage Def.</b>
<b>11:00 – 11:30</b>	<b>Team Defense</b>
<b>11:30 – 12:00</b>	<b>Contest/Competition Time</b>

Mail all information to:  
Alcester-Hudson High School  
C/O AHHS Football Summer Camp  
P.O. Box #198  
Alcester, SD 57001

If you have any questions feel free to contact me at:  
School: 605-934-1890  
Coach Haak: 605-934-2471  
Email:

### Registration Information:

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Positions: Off.** \_\_\_\_\_ **Def.** \_\_\_\_\_

**T-shirt Size:** \_\_\_\_\_

**Fill out and send in with signed permission slip and check made out to AHHS Football.  
Please register by April 30th!**

### **Permission of Parents**

**My son or daughter has permission to attend the AHHS football camp. I certify that he or she has been examined by a doctor during the past year and cleared for playing football. I certify that he or she is covered by our family health insurance policy. If he or she is injured, I give permission to a doctor/trainer to perform appropriate treatment. I hereby release the AHHS and staff from all claims resulting in any injuries which may be sustained by my son or daughter.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camp cost \$40.  
Please Register by April 30th!**