

# **NORTHWOOD FOOTBALL**

## **2019 Middle School Spring Football Clinic**

Current 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders

### **Spring Clinic:**

**Where:** Doc Abel Football Field @ NWMS

**When:**

- Wednesday May 15<sup>th</sup> from 2:30 P.M. - 4:45 P.M. (after school)
- Thursday May 16<sup>th</sup> from 3:00 - 4:45 (after school)

**Cost:** \$20.00

(Please make checks payable to Nate Andrews (Memo; Spring Clinic))

**Note:** No student-athlete will be denied the opportunity of attending this camp due to financial situations. Please return the form even if you are not able to pay.

**Equipment:** Shorts/Sweatpants, T-Shirt, Socks, Cleats or Sneakers

All opportunities are **non-padded / non-contact** camps

**Purpose:** These opportunities are designed for all of our student-athletes to have fun learning the game of football as well as provide a foundation of "Black Crunch" football.

If you have questions please contact: Nate Andrews: [nandrews@wanee.org](mailto:nandrews@wanee.org)

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**Please return to MR. BILINSKI, MR. HESS, MRS. WILSON or mail to:**

Nate Andrews  
2101 N. Main St.  
Nappanee, IN 46550

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**LIMITATION & WAIVER OF LIABILITY:** I/We as parents/legal guardians of the above camper do hereby agree to waive all liability of the Wa-Nee School Corporation Sports Clinic and its staff for an accident, injury, illness, or other mishaps which might befall the above named camper while traveling to or from, or during his/her attendance of the camp.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Printed name of parent or legal guardian      Signature of parent or legal guardian      Date**