**2018 Middle School Spring Clinic and Monday Night Football**

**Incoming (2018-2019 school year) 7th, 8th, and 9th graders**

**Spring Clinic:** Doc Abel Football Field @ NWMS

* Tuesday May 15th from 3:00 P.M. - 4:45 P.M. (after school)
* Wednesday May 16th from 2:30 - 4:45 (after school)

**MNF:** @ NWHS Practice Football Field

* Monday June 4th from 5:30-6:30 p.m.
* Monday June 11th from 5:30-6:30 p.m.
* Monday June 18th from 5:30-6:30 p.m.
* Monday June 25th from 5:30-6:30 p.m.

**Cost:** $25.00 includes all 6 sessions.

(Please make checks payable to Nate Andrews)

**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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Nate Andrews**

**2101 N. Main St.**

**Nappanee, IN 46550**

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

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

Age \_\_\_\_\_\_\_ Incoming Grade (2018-19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***