

GET BETTER THIS SUMMER!



RYLE Football 2019

"Air Raid" Youth Football Camp

3 Nights!

Tuesday, June 11th, Friday, June 14th, & Monday, June 17th



CAMP REQUIREMENTS:

What: Noncontact football camp emphasizing fundamental techniques

and drills of every aspect of the game.

When: Tuesday (June 11) Friday (June 14) Monday (June 17)

Where: Larry A. Ryle High School

Who: MS=Grades 6-8 / Youth=Grades K-5

Time: 6:00pm – 9:00pm

Drop-off=5:30pm, Pick-up=9:10pm

Cost: \$75 for all 3 Nights (\$25 per Night) (If registered by June 1) – \$30 per Night if paid at Check-In - Discount for siblings: \$70 each

MAKE CHECKS PAYABLE TO: Ryle Football

SEND CHECKS TO: Rvle Football 10379 US 42

Union, KY 41091

What to bring daily:

- Jersey and mouth guard
- Rubber Cleats and\or tennis shoes (be sure to bring tennis shoes (In case threatening weather forces the camp inside).
- 2 Tee shirts, shorts or sweat pants.
- Personal water jug (plenty of water will be on hand for those that don't bring their own jug).



CAMP HIGHLIGHTS:

- Superior football instruction (Work with Ryle Coaches and Plavers)
- Players carefully grouped by age and ability
- Skill development drills with qualified staff
- Special Topics: nutrition, injury prevention, cross training, and sportsmanship
- Daily training to develop speed, strength and agility
- Chalk talk and film sessions
- Timed and tested in variety of drills
- Campers work on conditioning, fundamentals and technique at individual positions, plus offensive and defensive team play.
- Each camper will receive a Ryle Camp t-shirt and a one-game pass for a varsity football game of the camper's choice.



Registration

Middle School	(Grades 6-8)
Youth (Grades	K-5)
Please Check Correct C	amp*

* Fill out and return by June 1 for Discount (*Check Night to Attend) Tuesday (June 11)

 "" (""" (""" "")
 Friday (June 14)
 Monday (June 17)
 ALL 3 Nights!

Last name

First name		
DOB	Taa shirt siza	

DOD	100 31111 3120
Address	

Phone #	

Parent's name	

Emergency Phone #	
School	

Email address		

insurance Provider	Insurance Provider	
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Insurance	Policy #	

Waiver: My child has my permission to attend the Ryle Youth Football Camp. I certify that my child has been examined by a licensed physician within the last 12 months, and is able to participate in all football camp-related physical activities. I agree to assume any and all risks associated with my child's participation in the Ryle Football Camp.

PARENT SIGNATURE:										
Date	e:									
Positions Played: OB WR RB TE OL DL DE LB DB										
	QB	WR	RB	TE	OL	DL	DE	LB	DB	
HEIGHT: WEIGHT:			HT:							

T-Shirt Size: YS YM YL AS AM AL AXL

