

Cornell College Team Football Camp

FOR MORE INFORMATION, CONTACT:

Matt Dillon
Head Football Coach
319-895-4117

mdillon@cornellcollege.edu

July 30-August 1, 2009

CAMP FORMAT

DAY ONE

8:00 a.m. Check In until 10:40
11:00 a.m. Camp General Meeting
11:30 a.m. High School Coaches Camp
Format Meeting
11:30 p.m. Lunch
1:30 p.m. Warm-up/Stretch
1:40 p.m. Physical Testing
2:50 p.m. Individual Practice #1– Offense
3:55 p.m. Individual Practice #2 – Defense
5:30 p.m. Dinner
6:35 p.m. Warm-up/Stretch
6:55 p.m. Team Organizational Session
7:45 p.m. 7 on7 Skelly and OL/DL Session
9:00 p.m. Player Free Time
9:00-Until Done Visiting Coaches and Staff Clinic with
Cornell Offensive Coaches
10:30 p.m. Players in Room and Lights Out

DAY TWO

7:30 a.m. Breakfast
9:00 a.m. Warm-up/Stretch
9:20 a.m. Individual Practice #3 – Offense
10:10 a.m. Team Organizational
10:40 a.m. Team Competition I and II
12:00 noon Lunch
2:00 p.m. Warm-up/Stretch
2:20 p.m. Individual Practice #4 – Defense
3:05 p.m. Team Organizational
3:25 p.m. Team Competition III and IV
5:30 p.m. Dinner
6:45 p.m. Warm-up/Stretch
7:05 p.m. Team Organizational
7:35 p.m. 7 on7 and OL/DL Session
9:15 p.m. Player Free Time
9:15-Until Done Visiting Coaches and Staff Clinic
with Cornell Defensive Coaches
10:30 p.m. Players in Room and Lights Out

DAY THREE

7:30 a.m. Breakfast
9:00 a.m. Warm-up/Stretch
9:20 a.m. Team Organizational
9:35 a.m. Team Competition V, VI and VII
11:40 a.m. Final Camp Meeting
12:00 noon Check out

July 30– August 1, 2009

CAMP FEATURES AND INFORMATION

-Camp interest is high, slots are filling-APPLY SOON!
-Structured and well-developed individual time
-Coaches attending with a team receive room and meals FREE!

-Camp schedule does not conflict with summer baseball
-Cornell Trainers available before, during and after each practice
-Cornell coaches available for clinic sessions

You will get more team organization time with your team than most area team camps— get your team prepared for the season!

Camp Objectives

- To provide a camp for individuals to improve their fundamentals in the game of football
- Assist and develop each team in a variety of situations while they compete safely in a controlled environment
- Building team camaraderie with a direct focus on disciplined work and positive feedback

CAMP FEATURES AND INFORMATION CONT.

HOW DO I SIGN UP?

Coaches-We would appreciate it if you would contact us to reserve your team's spot at our camp. At this time an estimate number of players attending will suffice. We will need exact numbers of athletes and numbers of coaches from your team by Monday, June 8, 2009 so we can make arrangements with residence life and food service.

To reserve your team's spot contact:

Head Coach Matt Dillon 319-895-4117 or mdillon@cornellcollege.edu

Athletes- Application Deadline.....Monday, June 8, 2009

(A \$50 non-refundable deposit or your full payment is required with your camp application)

WHERE DO I SEND MY APPLICATION?

Ram Football Camp

Attn: Matt Dillon

Cornell Football Office

600 First St SW

Mt. Vernon, IA 52314-1098

WHO CAN ATTEND?

Open to Teams or Individuals entering grades 9-12

WHAT ARE THE CAMP RATES?

RESIDENT CAMPER (staying on campus)... ..\$175.00
(Includes Room, Meals, Instruction and Camp T-shirt)

COMMUTER CAMPER (staying off-campus)... .. \$115.00
(Included Instruction and T-shirt)

*Commuter Meal Cards are available for \$30.00

*Team Campers-please send applications together

WHAT SHOULD I BRING?

- Football Equipment (Pants, Shoulder Pads, Helmet, Jersey, Shoes,
- Mouthguard, and a full set of pads-all pads are required to be worn for participation)
- Running Shoes, clothing for practice, additional clothing for off the practice field
- Bedding for a Twin Bed, Pillow, Toiletries, Towel, Radio or CD player and spending money.
- Please bring a fan, the dorms do not have air conditioning.
- **Quarterbacks must bring their own football!**

APPLICATION

All campers **MUST** complete an application, including those coming as members of a team. All team applications **MUST** be submitted together.
Make checks or money orders to: Cornell College Football Camp (Only Checks and Money Orders Accepted)

Name _____ Birth Date _____
Last First Middle

Address _____ Phone (____) _____
Street or Route City State Zip Code

E-mail Address (Required) _____
Print Neatly

Resident Camper I would like to room with _____ Commuter Camper Commuter Meal Card
 Payment In Full is included \$50 Deposit Only (Non-Refundable)

School _____ Grade next fall _____ Coach's Name _____

Height _____ Weight _____ Age _____ Position _____ T-Shirt Size: S M L XL XXL
Please list below any medical conditions or special instructions the Camp Administrators should be aware of for the camper

Emergency Contact _____
Name Emergency Contact Number Secondary Contact Number

ACKNOWLEDGMENT AND ASSUMPTION OF RISK and MEDICAL CONSENT FORM

I the undersigned camp/clinic athlete, do hereby expressly and affirmatively state that I voluntarily wish to participate (camp/clinic sessions, competition and travel) in the following sport: _____ on the following date(s): _____. I realize that my participation in this activity inherently involves risk of injury, including but not limited to the following: death, neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, injury to the skeletal system, and injury or impairment to the body's general health and well-being. In addition, I acknowledge that injury may also result in serious impairment of future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life. These types of injuries may result from my own actions, the actions or inactions of others, or a combination of both. I understand that the rules and regulations are designed for the safety and protection of participants and I hereby agree to abide by the rules and regulations administered by the camp/clinic staff. I also understand that certain activities require a minimum level of fitness for safe participation. I acknowledge that I fully understand the contents of this Acknowledgment and Assumption of Risk statement before signing the same and have had an opportunity to ask questions. All questions I have asked have been answered to my complete satisfaction. Having done so, I agree to assume any and all potential risks of these activities and agree to hold Cornell College, its officers, employees and agents harmless for liability as it relates to this activity. I hereby grant permission to the Cornell College camp/clinic staff, team physician, athletic trainers and other medical personnel to render aid, emergency treatment, medical or surgical care, preventative care, or rehabilitative care deemed reasonably necessary to my health and well being.

Parent(s) or Legal Guardian Signature Date Camp/Clinic Athlete Signature Date

Office Use Only: Check # _____ Date Rec'd _____ Am't Paid _____ Am't Due _____ Acknowledge Sent _____ Waiver Received _____ Date Rec'd _____