

**WILDCATS**



## **WILDCAT Technique Camp**

### **Camp Dates:**

July 8<sup>th</sup> and 9<sup>th</sup>  
6:00pm to 8:00 pm both evenings

### **Location:**

Arundel High School  
1001 Annapolis Rd.  
Gambrills, Md. 21054

### **Grades 5-9 (Fall 2009)**

**Cost \$40.00** - Make all checks payable to Chuck Markiewicz

### **Registration**

**Please send or email completed form to:**

Chuck Markiewicz  
1001 Annapolis Rd.  
Gambrills, Md. 21054  
cmarkiewicz@aacps.org

**You may also register on site the day of camp. Should this be the option you choose, please call Coach Markiewicz at 410-768-9770 to confirm your attendance.**

### **What Campers should bring;**

1. Athletic shoes cleats and a mouthpiece
2. Appropriate workout clothing
3. All campers must have completed the disclaimer and waiver form on file before participating in any camp activity.

## **WILDCAT**

### **Camp experience**

Campers will be exposed to the same fundamental techniques used in the ARUNDEL system of Offense and Defense. Techniques will be taught by the Arundel HS Football Staff. We feel that this is an excellent way to share our knowledge with prospective athletes who will be attending our school next season and those who will be attending in the future. Youth League Coaches are encouraged to attend and ask any questions they might have concerning our system.

**DISCLAIMER AND WAIVER**

I understand that football is a sport where injuries may arise through no fault or lack of diligence on the part of Camp Staff. I know that there are inherent risks & hazards which I assume, on the part of my child, in participating in football camp. I accept that from WILDCAT Technique Football Camp and Staff assume no responsibility for injury or damages arising from participation unless due to their willful fault or gross negligence. I know of no physical conditions that would interfere with my child's participation in the sport of football. I hereby approve my child's participation and consent to emergency treatment for my child on his and my behalf.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Any condition or request that the WILDCAT Technique Camp should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Camp Registration**

\_\_\_\_\_ Camper's Name

\_\_\_\_\_ Parent/Guardian Name

\_\_\_\_\_ E-mail Address

\_\_\_\_\_ Street

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

\_\_\_\_\_ School

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