

2019

My son, _____, has my permission to participate in the **2019 Southwest Air YOUTH QB / Receiver CAMP**. Enclosed is a **\$25** non-refundable deposit that will be applied toward the total cost of **\$75**, the remainder of which will be due the first day of instruction.

I understand that my son will participate in activities that may inadvertently involve physical contact with other persons and objects, including contact with the ground. I specifically waive and give up and release the instructors and camp from liability for any claim or financial responsibility for damages which my son may have for injuries or illnesses that he may sustain at or traveling to and from the camp. In the event of any emergency in which my son requires medical attention, I authorize the staff to act for me and to obtain whatever medical treatment that the staff may deem necessary. I further agree to be responsible for any medical or other charges in conjunction with his participation at the camp. If your son has any restrictions or physical impairment that we need to be advised of, please list them under your signature on this form.

Date ____/____/____

(Parent Signature)

Restrictions: _____

Name of Insurance Company: _____

Policy Number: _____

OFFICIAL CAMP USE ONLY: __ Coach sign in: _____

\$25 DEPOSIT _____ **\$50** BALANCE DUE _____

Mail Deposit or Full Payment

PRE-REGISTER NOW TO INSURE YOUR PLACE & T-SHIRT SIZE

QB / RECVR CAMP 2019 QB / RECVR CAMP

SOUTHWEST AIR "YOUTH"

GRADES 5, 6, 7, 8

OKLAHOMA



JULY 9, 10, & 11

Tuesday, Wednesday, Thursday

Camp Founder:

MIKE LITTLE

Oklahoma High School Hall of Fame

Camp Director: **MARK LITTLE**

Camp Instructor: **ROB GREEN**

"Instruction from outstanding coaches from Oklahoma"

Location:

**DOLESE Park / NW OKC Optimist
Sports Complex**

5105 NW 50th / OKC / West of Meridian

Directly across from Putnam City FB Stadium

➤ **WHAT WE OFFER AT CAMP: 2019**

The Southwest Air Quarterback/Receiver camp provides individual instruction for quarterbacks, wide receivers, tight ends, and running backs to further develop their football skills. We provide a highly organized and safety conscious training program in which the participant can learn more about the passing and option game in a high standard work ethic environment from highly trained and qualified coaches. We are proud of the reputation that we have earned as being a "working camp", with emphasis on quality repetitions.

We encourage each QB to invite their team's receivers to also attend.

➤ **WHEN IS IT? 2019**

The camp will run 3 days: 9:00a to 12:00 noon.

Tuesday July 19, Wednesday July 10, & Thursday July 11

Participants should arrive at 8:30 a.m. and will finish at 12:00p.m.

➤ **WHERE IS IT HELD?**

Camp will be held at

DOLESE Park / NW OKC Optimist Sports Complex.

5105 NW 50th OKC. Just West of **MERIDIAN,**

Directly North across from **PUTNAM CITY FB STADIUM.**

➤ **WHO MAY ATTEND?** Any youngster entering the

5th grade, 6th grade, 7th grade, 8th grade

➤ **EQUIPMENT NEEDED:**

Football cleats, shorts, socks, shirt, towel, & **FOOTBALL with name or school name marked on it.** A camp Shirt will be provided.

➤ **WATER-BREAKS** will of course be included during the day.

Many campers also bring their own water or drink to supplement.

➤ **INCLEMENT WEATHER:** Decision of postponement will be made on a

daily or hourly basis.

➤ **COST OF THE CAMP:**

Total cost of the camp will be **\$75.00.**

A **\$25** deposit or **Full Payment** should be returned with the application form, so that we may have an estimate of how many participants will be attending.

For information contact: Mark Little (405)550-3507
email: malittle@cox.net

(Cut & Save this info sheet and Return both application sheets)

2019 SOUTHWEST AIR-YOUTH

QB / RECEIVER CAMP

REGISTRATION FORM

NAME _____

POSITION: QB / WR / TE / RB T-SHIRT SIZE: S M L XL 2X

GRADE _____ (this coming fall) AGE _____

SCHOOL _____ COACH _____

FATHER/MOTHER NAME _____

ADDRESS _____

(Street)

(City)

(Zip)

HOME PHONE: _____

CELL: _____

FATHER CELL# _____ MOTHER CELL # _____

Email: _____

(We will reply to confirm registration.)

I, _____, agree to abide by all SWAIR Camp policies and to participate with the highest ideals of sportsmanship and teamwork.

***PLEASE RETURN THE APPLICATION WITH DEPOSIT or FULL PAYMENT TO:
MAKE CHECK OUT TO:**

**SOUTHWEST AIR YOUTH QB/ REC CAMP
14005 VERONA STRADA
OKC, OK 73170**

For information contact: Mark Little (405)550-3507
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