

**16th ANNUAL
DCG SUMMER FOOTBALL CAMP**



WHO: For any athlete entering grades 9 –12 in the fall of 2019
WHEN: August 5-6-7-8
Camp is from 5:30-7:30 pm each night - grades 9-12
WHERE: Camp will be held at the high school practice fields.

The Mustang Football Camp is a great opportunity to develop football skills and knowledge. The camp is designed primarily around skill development, meaning campers will learn position specific skills allowing them to have the best chance to compete at their level of participation. At the end of camp each night, all athletes will have the chance to learn offensive and defensive schemes in addition to some fun, competitive games.

CAMP STAFF: Head Coach Scott Heitland and his 9-12 staff will direct camp throughout the week.

WHAT TO BRING: Report at least 20 min before camp starts! Wear workout gear: shorts, t-shirt, football shoes. Water will be available at the practice fields.

CAMP COST: REGISTRATION DEADLINE IS JULY 19TH
Registration - \$45.00
Each additional high school camper – add \$20.00 to total registration fee for each
Camp fee includes t-shirts, shorts, treats, and instruction.

TO REGISTER:

1. You can fill out the form below and send to the address listed.
2. You can also register online with a credit card. There is a small fee to register online. Go to www.dcgcamps.com for online registration information.

No one will be denied participation due to financial reasons. Please contact Coach Heitland for more information.

FOR MAIL IN REGISTRATIONS PLEASE DETACH THE BOTTOM PORTION OF THIS SHEET AND
RETURN IT TO:
DCG MUSTANG FOOTBALL CAMP
1105 NW PRAIRIE CREEK DR
GRIMES, IOWA 50111.

**DEADLINE IS JULY 19TH. MAKE CHECKS PAYABLE TO: DCG FOOTBALL CAMP
ANY QUESTIONS PLEASE CALL HEAD COACH SCOTT HEITLAND AT 986-9747.**

Family Email: _____

ATHLETE: _____ 2019-20 GRADE: _____

ADULT SHIRT SIZE: S M L XL XXL OTHER: _____

ADULT SHORT SIZE: S M L XL XXL OTHER: _____

I understand that injuries can occur at a camp of this type. We give permission for the DCG Football Camp staff to seek medical attention should such a situation arise. In doing this, I also assume medical coverage for the above athlete.

Parent Signature: _____ Date: _____