

# TRADITION

**60 Game Winning Streak**

**1967-1973**

**45 Game Winning Streak**

**1996-2000**

**1993 5A State Champs**

**1997 5A State Runner-Ups**

**1998 5A State Champs**

**Fee \$50.00 - Make Checks Payable to:**

**BHSS QB Club**

**Mail Checks and Camp Forms To:**

**Bloomington High School South**

**1965 S. Walnut Street**

**Bloomington, IN 47401**

**Attn: Coach Kennedy**

**Questions or More Information:**

**Coach Kirk Kennedy 330-7808 Ext. 51021**

**[jkennedy@mccsc.edu](mailto:jkennedy@mccsc.edu)**

# BLOOMINGTON

# SOUTH



# PANTHERS

# YOUTH Football Camp

**Thru Grade 7**

**July 25 - July 28**

# Camp Details

# YOUTH Camp Registration Form

Panther head football coach Kirk Kennedy and his staff are looking forward to this year's Bloomington South YOUTH Football Camp. They will be assisted by current and former BHSS football players. Through the use of drills, motivational talks, and demonstrations of proper technique, each participant will leave camp with a better understanding of football fundamentals.

All participants should bring their youth league/middle school equipment on Monday July 25th. Players will be paired for drills according to age, size, and weight.

Camp registration will take place at the Brown Building, which is located on the north end of the varsity football field Monday, July 25<sup>th</sup>, beginning at 9am.

## THRU Grade 7

10:30 am to 12:00 pm

Monday – Thursday

July 25 – July 28

South Football Field



Name \_\_\_\_\_

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_

T-Shirt Size (Circle One)

S                      M                      L                      XL                      XXL

Waiver Statement (Must Be Signed)

I recognize that because of the potentially hazardous nature of this activity that an injury might be sustained. In the event of such an injury to myself or my child and if I or my spouse cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal and agree to pay the usual charge for such treatment. I release Coach Kirk Kennedy and the BHSS football staff, BHSS, and the MCCSC employees, agents and assigns from responsibility for any personal injuries to property caused by or having any relation to this activity. I understand that this release applies to any present injuries and that it binds my heirs, executors and administrators. I understand that participants may be videotaped or photographed during this activity. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date