



INDIAN HILLS TIGER FOOTBALL



Get a head start on the 2019 season by attending the 2019 Indian Hills Football Camp! This four-day clinic will focus on the fundamentals of football and feature a bevy of fun activities.

WHO: Eighth-grade students (2019-20)

WHAT: four-day skill development clinic/football fundamentals

WHEN: August 19-22, 2019, 3:30-5 p.m.

WHERE: Indian Hills Junior High

COST: \$50 (Financial assistance available. Please contact Zac Sinram for more information)

CAMP PHILOSOPHY

The camp is designed to introduce and reinforce the fundamentals. This will be a fast-paced, fun camp where the players will not only work on individual skills for specific positions, but will also be in small groups for instructions and full teams to provide game-like situations.

WHAT TO BRING

Shorts, T-shirt, and cleats.

GET REGISTERED!

Make checks payable to:
Indian Hills Junior High

QUESTIONS?

Email Aaron Allspach at
allspacha@wdmcs.org@wdmcs.org.

Register online: [WDMCS Online Payments](#)



2019 INDIAN HILLS FOOTBALL CAMP REGISTRATION FORM

Student's Name _____ Age _____ Grade (2019-20) _____

Parent's Name(s) _____ Email _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Please return form and payment to: Indian Hills Junior High | c/o Zac Sinram
9401 Indian Hills Drive | Clive, IA 50325

In consideration of the acceptance of this application for enrollment in the Indian Hills Football Camp, I/We intend to be legally bound hereby for myself, my heirs, executors and administrators, to waive and release any and all rights and claims for damages I/We may have against the West Des Moines Community Schools, all sponsors, and all employees of the clinic for any damages which may be sustained or suffered by in connection with my/our associating to, participating in or returning from the camp. I/We hereby grant permission for my/our child to be a participant in the Indian Hills Football Camp, and if any injury should occur during, traveling to, or returning from the camp I/We agree to pay for all costs, present and future, through my/our medical insurance policy and/or personal finances.

Applicant's Signature _____

Parent/Guardian Signature _____

Insurance Carrier _____