



**TEAMS ARE BUILT DURING THE SEASON...BUT INDIVIDUALS ARE MADE DURING THE OFF-SEASON! GET YOUR INDIVIDUAL SKILLS IN PEAK CONDITION TO HELP YOUR TEAM IN THE FALL!**

**Summer Camp Dates: June 29<sup>th</sup>, June 30<sup>th</sup>, July 1<sup>st</sup>**

**Price: \$70.00**

**RANDY KUCEYESKI**  
Head Football Coach



HEAD COACH AT LIBERTYVILLE COMMUNITY HIGH SCHOOL WITH TWENTY-NINE YEARS EXPERIENCE

**COACHING ASSISTANTS:**

- \*LIBERTYVILLE COMMUNITY HIGH SCHOOL STAFF AND PLAYERS
- \*FORMER COLLEGE AND PROFESSIONAL PLAYERS

**SITE:** BUTLER LAKE PARK BOYS CLUB FIELD

**AGES:** 8-13 YEARS OLD

**PLAYER-COACH RATIO:** APPROXIMATELY 10:1

**TIMES:** 9:00 A.M.-12:00 NOON

**INSURANCE:** BOEHM AND RAY INSURANCE

**WHAT TO BRING:** RUBBER FOOTBALL CLEATS OR TENNIS SHOES, YOUR OWN WATER BOTTLE (WATER AND GATORADE PROVIDED)

***DON'T MISS THIS CHANCE TO IMPROVE IN THE FOLLOWING AREAS:***

**OFFENSE**

- PASSING
- RECEIVING
- BLOCKING
- BALL HANDLING

**DEFENSE**

- DEFENSIVE LINE PLAY
- LINEBACKER TECHNIQUES
- DEFENSIVE END TECHNIQUES
- SECONDARY PLAY

**SPECIAL TEAMS**

- RECEIVING PUNTS AND KICKOFF
- PUNTING AND PLACE KICKING
- LONG SNAPPING

**SPEED TRAINING**

- FORM RUNNING
- FLEXIBILITY EXERCISES
- AGILITY EXERCISES

## MEDICAL RELEASE

THIS IS TO CERTIFY THAT MY SON OR DAUGHTER \_\_\_\_\_  
HAS HAD A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN WITHIN THE LAST SIX (6) MONTHS AND IS FREE FROM ALL ILLNESS,  
INJURY OR DEFECTS WHICH WOULD INHIBIT ANY PARTICIPATION IN THE ACTIVITIES OF THE WILDCAT FOOTBALL SKILLS CAMP.

I HEREBY AUTHORIZE THE STAFF OF THE WILDCAT FOOTBALL SKILLS CAMP TO ACT ACCORDINGLY TOWARDS THEIR BEST  
JUDGEMENT IN SITUATIONS REQUIRING FIRST AID OR MEDICAL ATTENTION. I HEREBY WAIVE AND RELEASE THE WILDCAT  
FOOTBALL SKILLS CAMP AND ITS SPONSORS FROM ANY AND ALL LIABILITY FOR INJURY INCURRED BY MY SON WHILE AT CAMP.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

**IN AN EMERGENCY, PLEASE CALL:**

**NAME:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PLEASE LIST ANY MEDICAL CONCERNS:** \_\_\_\_\_

## PLAYER INFORMATION

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**PARENT CELL PHONE NUMBER:** \_\_\_\_\_

**T-SHIRT SIZE (ADULT) S-M-L-XL-XXL**

**YOUR OFFENSIVE POSITION;**

LINEMAN—RECEIVER—RUNNING BACK—QUARTERBACK

**YOUR DEFENSEIVE POSITION:**

LINEMAN—LINEBACKER—DEFENSIVE BACK

**YOUR SPECIALTY POSITION:**

PLACE KICKER —PUNTER—SNAPPER—KICK RETURNER

**-FEE INCLUDES ONE CAMP T-SHIRT**

**-REGISTRATION IS DUE JUNE 15**

**-MAKE CHECKS PAYABLE TO RANDY KUCEYESKI**

**-MAKE SURE THE MEDICAL FORM IS SIGNED**

**-MAKE SURE YOUR T-SHIRT ORDER IS FILLED OUT**

**DETACH AND MAIL TO:**

**RANDY KUCEYESKI**

**1263 LAKE STREET**

**LIBERTYVILLE, ILLINOIS 60048**