

2009 JESUIT BLUE JAY FOOTBALL CAMP

*Directed by Wayde Keiser, Head Football Coach,
& the Jesuit High School Football Staff*

FOOTBALL CAMP FOR BOYS AGES 7-14

July 27 – 30

9:00 am – 3:00 pm

On Jesuit High School Campus

FORMAT

Non contact Offensive Drills
Non contact Defensive Drills
Non contact Special Team Drills
Intro To Strength Training
Stretching and Flexibility Routines
Intro to Speed Training Drills
Guest Speaker

HIGHLIGHTS

Ht. and Wt. Measurements
40 yd dash Times
Pro – Shuttle Times
7 on 7 Comp.
Punt-Pass& Kick Comp.
Film Sessions
Camp T-shirt

\$160.00 Pre-registration

(Deadline July 3)

\$175.00 Walk up Registration

Discount for 2 or more siblings- \$25.00 off of each Registration!

WATER SUPPLIED-GATORAID FOR SALE AT LUNCH AND AFTER CAMP EACH DAY
CAMPERS FURNISH: CLEATS AND TENNIS SHOES & BAG LUNCH

REGISTRATION FORM:

NAME_____ AGE_____ HOME PHONE_____

ADDRESS_____CITY_____ST_____ ZIP_____

SCHOOL_____ GRADE_____ PARENTS NAMES_____

EMERGENCY CONTACT PERSON_____PHONE_____

T-SHIRT SIZE- YL – AS – M – L – XL - 2XL

MAKE CHECKS PAYABLE TO: JESUIT FOOTBALL CAMP

MAIL TO:

**COACH WAYDE KEISER
JESUIT HIGH SCHOOL 4133 BANKS ST
NEW ORLEANS, LA 70119**

CONTACT NUMBER:

504-483-3926

**** NOTE: COMPLETE MEDICAL FORM WITH APPLICATION!!**

Emergency Data/Medical Insurance Information

Camper's Name _____ Age _____

Medical
Information: _____

Parents' Names _____

Home Address _____ City/State/Zip _____

Mom's Phone Numbers(Home) _____ (Work) _____
(Cell) _____ (E-Mail) _____

Dad's Phone Numbers(Home) _____ (Work) _____
(Cell) _____ (E-Mail) _____

Medical Insurance Coverage

Name(Blue Cross/Blue Shield etc): _____

Company's Address _____

Policy Holder's Name _____

Policy/Group Number _____

Family Physician _____

Address _____ Phone Number _____

Parental Consent

Should the family physician and we not be available, the Jesuit Football Camp instructors are authorized to send our son to a physician or hospital of their choice.

Parent Signature _____ Date _____