

Bishop Miege Stags 2017 Football Clinic



June 5th -8th ~ Monday–Thursday ~ 8 AM – 2 PM

Bishop Miege High School

2009, 2014, 2015, 2016 Kansas 4A State Champions

2012 Kansas 5A State Runner-up

2013 , 2014 & 2015 EKL Champions

2007/2008/2009/2010/2011/2013/2014/2015/2016 District Champions

For players entering 4th through 8th grades

Camp Fee: \$140

Camp Information:

- *Athletes grouped according to age/experience
- *Wear shorts, gym shoes, T-shirt, etc.
- *Lunch provided daily
- *Other concessions available throughout the day
- *Camp will be held rain or shine at Dixon Doll Stadium

Camp Features:

- *Individualized instruction on fundamental skills
- *Speed & agility testing
- *Group drills, 7 -on-7, and individual skill instruction
- *Campers will enjoy competitive games at the end of each session
- *Camp T-Shirt for each camper/Awards at conclusion of camp

For more information and registration:

[www. bishopmiege.com](http://www.bishopmiege.com)

Questions can be directed to Head Coach Jon Holmes:

jholmes@bishopmiege.com (913) 262-2700 x222

2017 BISHOP MIEGE HIGH SCHOOL

Football Clinic Registration

Clinic dates: Monday-Thursday, June 5-8, 2017
Time: 8 a.m.-2 p.m.
Cost: \$140 per camper (includes daily lunch)
For grades: Entering 4th-8th grades in fall 2017
REGISTRATION DEADLINE: June 2, 2017

Participant's name _____ Age _____ Grade (in fall 2017) _____

Current school attending _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____ Work phone _____

Height _____ Weight _____ T-shirt size: Adult Small Medium Large X-Large

Have you played organized football? Yes No If yes, which league? _____

League team _____ League coach _____ Position(s) _____

PARENT INFORMATION AND WAIVER

(must be signed)

Father's name _____ E-mail address _____

Work phone _____ Cell phone _____

Mother's name _____ E-mail address _____

Work phone _____ Cell phone _____

Please list any medical conditions, allergies or special physical requirements for your child:

I have listed all special circumstances in regard to my child. I hereby waive all claims for injury or accident or liability of any kind. I release Bishop Miego High School, the Diocese of Kansas and all personnel associated with the Bishop Miego Football Clinic.

Signature of parent/guardian _____ Date _____

FOR OFFICE USE	Date received	Check #
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Mail payment and registration to: Bishop Miego High School, 5041 Reinhardt Dr., Shawnee Mission, KS 66205