

BISHOP GORMAN

2019 YOUTH FOOTBALL CAMP



AGE GROUP

- Ages.....7 to 14 years old
(No incoming 9th graders)

DATES

- Begins..... Monday, June 24, 2019
- Ends..... Thursday, June 27, 2019

LOCATION

- Bishop Gorman, Fertitta Field

TIMES

- Begins..... 8:30 AM
 - Ends..... ..2:30 PM
- *Registration begins at 8:00 AM*

COST

- Per Child.....\$300.00
 - ½ Day Per Child.....\$150.00
- *Day ends at Lunch (11:30)*

REQUIRED EQUIPMENT

All participants should have cleats, molded or screw on and should bring their own lunch (They will have an option to buy food/snacks at lunch time).

The 2019 Bishop Gorman Youth Football Camp is designed to teach the fundamentals of football to young football players. This camp will be **four** days long and will consist of offensive and defensive individual position specific techniques and fundamentals.

Campers will also go into the classroom and learn offensive, defensive, and special teams position specific concepts to further their knowledge about that certain position and the opposition.

Campers will also go into the weight room and learn lifting techniques and also play five games of Gael Ball.

Campers will be tutored by current Gael football players and Varsity coaching staff members. NIKE SPARQ training will also be conducted by the same NIKE SPARQ staff members that conduct the recruiting combines around the country.

Each camp participant will receive a Gael Youth Camp T-Shirt.

This camp will also stress the importance of academics, character, dedication, and teamwork.

Please feel free to e-mail or call Coach Sanchez with any further questions related to this camp at: ksanchez@bishopgorman.org (702) 476-4043

STATE CHAMPIONS 1970, 1974, 1979, 1980, 1982, 1983, 2007, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018
NATIONAL CHAMPIONS 2014, 2015, 2016

Please complete and return this portion along with the liability waiver & check or pay online by June 14, 2019.

Participant's Name: _____ Grade in the fall: _____

Address: _____ Phone: _____

City: _____ Zip: _____

Parent's Name: _____ Parent's E-Mail Address _____

Parent's Emergency Contact # (cell or work): _____

Cost: \$300 per child # of participants: _____ **Make all checks payable to Bishop Gorman.**

Parent's Signature: _____ Date: _____

Pay online at www.bishopgorman.org or send payments to
Bishop Gorman High School, 5959 S. Hualapai Way, Las Vegas NV 89148 Attention: BGHS Football