



THURSDAY, MAY 25

5:00 - 5:30 PM: REGISTRATION

5:30 - 6:00 PM: WARM-UP

6:00 - 6:55 PM: SESSION 1

Team Rotations

7:00 - 7:55 PM: SESSION 2

Team Rotations

8:00 - 8:55 PM: SESSION 3

Team Rotations

9:00 - CLOSING REMARKS & FOOD

FRIDAY, MAY 26

5:30 - 6:00 PM: WARM-UP

6:00 - 6:55 PM: SESSION 1

Team Rotations

7:00 - 7:55 PM: SESSION 2

Team Rotations

8:00 - 8:55 PM: SESSION 3

Team Rotations

9:00 - CLOSING REMARKS & FOOD



SEQUOYAH HIGH SCHOOL
2017

EAGLES FOOTBALL TEAM CAMP

Thursday, May 25th

Friday, May 26th

Cost: \$30

includes camp T-shirt & meals both days



PURPOSE

This camp is designed to allow high school teams an opportunity to improve the skills, knowledge and team work to make the upcoming season a success. This is an upper-shell, full speed, limited contact camp emphasizing skill development in general team settings and game situations.

COST

\$30 per athlete

Includes 2 meals & T-Shirt

*Make checks payable to Eagle Football

SCHEDULE

Thursday, May 25th

- 5:00 - 5:30 PM Registration & Sign-in
- 5:30 - 6:00 PM Warm-Up
- 6:00 - 6:55 PM Session 1 - Team Rotations
- 7:00 - 7:55 PM Session 2 - Team Rotations
- 8:00 - 9:55 PM Session 3 - Team Rotations

Friday, May 26th

- 5:30 - 6:00 PM Warm-Up
- 6:00 - 6:55 PM Session 1 - Team Rotations
- 7:00 - 7:55 PM Session 2 - Team Rotations
- 8:00 - 9:55 PM Session 3 - Team Rotations

LOCATION

Eagle Stadium
Sequoyah High School
16401 S 4180 Rd
Claremore, OK

WHAT TO BRING

- Helmet & Mouthpiece
- Shoulder Pads
- Practice or Game Jersey
- Padded Girdle
- Athletic Shorts
- Cleats
- Copy of Athletic Physical, Proof of Insurance, & Medical Consent Forms

CONTACT INFORMATION

Matt Hagebusch
seqeaglesfootball@gmail.com
918-639-1993

Brannon Feese
918-557-5205

HARD KNOCKS EAGLES TEAM CAMP

Application, Authorization for Participation and Liability Release

I give permission for _____, to participate in the Hard Knocks Eagles Team Camp. I release Sequoyah Public Schools, coaches, administration and all affiliates and associates from any and all liability concerning personal injury and damages to or loss of property arising, directly or indirectly in condition with my child's use of the facilities and equipment of the specific camp site. I also authorize my child's school coaches and camp personnel to act for me according to best judgement in an emergency requiring medical attention while at camp. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the camp program, as outlined in the brochure.

Signature of Parent/Guardian Date

Insurance Provider Policy #

Camper's Name Age

High School

Emergency Contact / Relationship Phone #

T-Shirt Size (circle) M L XL XXL