

LINN-MAR FOOTBALL CAMP

FALL 2020 – GRADES 9-12



**FALL '20
GRADE 9**

JUNE 8 - JULY 24
Mon.- Tue.- Thurs.
7:00 – 9:15 AM
Fri.- Wts Only –
9:45-11:00AM

**FALL '20
GRADE 10**

JUNE 8 - JULY 24
Mon.- Tue.- Thurs.
7:00 – 10:00 AM
Fri.- Wts Only –
8:30-9:45AM

**FALL '20
GRADES 11-12**

JUNE 8 - JULY 24
Mon.- Tue.- Thurs.
7:00 – 10:00 AM
Fri.- Wts Only –
8:30-9:45AM

WHERE:

Linn-Mar Stadium and Linn-Mar Weight Room

WHAT:



STRENGTH TRAINING & SPEED IMPROVEMENT
LEARN THE LINN-MAR FOOTBALL SYSTEM
WORK ON INDIVIDUAL SKILLS FOR YOUR POSITION
WORK ON TEAM PLAYS
PREPARE FOR THE UPCOMING SEASON

COACHES:

Linn-Mar High School Football Staff

COST:

\$170 Includes a Lion Camp T-Shirt
**Includes \$75 payment to athletic dept. for each camper to
lift year round using the Linn-Mar lifting program**

DRESS:

T-shirt, shorts, football shoes(molded cleats or tennis shoes),
tennis shoes in weight room

HOW TO REGISTER: 1) Complete the enclosed form

2) Make check payable to: **Linn-Mar Football**

3) Send check to: **Joyce Dayton, Linn-Mar High School
3111 N. 10th Street, Marion, IA 52302**

OR

4) Pay by credit card to the cashier (Joyce Dayton) at
Linn-Mar High School inside Door #13.



LINN-MAR FOOTBALL CAMP APPLICATION

CHECK THE SESSION: (Fall '20 grade)

\$ 170 _____ **GRADE 9 – Freshmen**
Includes Lion Camp T-Shirt & \$75 Lifting Fee

\$ 170 _____ **GRADE 10 – Sophomore**
Includes Lion Camp T-Shirt & \$75 Lifting Fee

\$ 170 _____ **GRADES 11-12 – Varsity**
Includes Lion Camp T-Shirt & \$75 Lifting Fee

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Total \$ _____ S M L XL XXL XXXL
(circle T-Shirt size – adult size)

Name _____

Address _____

Phone # _____ Fall '20 Grade _____

E-Mail _____

Parents' (Guardians) Name _____

Parents' Work/Cell Phone # _____

Waiver by parent or guardian: I understand that personal medical insurance coverage for this camp is the obligation of each participant. I hereby authorize the instructors of the Linn-Mar Football Camp to act according to their best judgment and provide medical attention to my son or ward in the event of injury/illness. I hereby release Linn-Mar Community School District and the football camp instructors from all claims resulting from injuries which may be sustained by my son or ward while attending the camp.

Parent/Guardian Signature _____ Date _____