

RAM PRIDE TEAM CAMP 2013

For UPCOMING Grades 7th THROUGH 12th

Tuesday, July 9th – Thursday, July 11th



ROCKFORD FOOTBALL

DIVISION 1 STATE CHAMPIONS
2004 2005 2008

“RAM PRIDE” TEAM CAMP 2013

Registration Form for Upcoming Grades 7-12

Athlete First and Last Name (please print)

____/____/____
Date of Birth

Grade Entering
for Fall 2013

Offensive Position Defensive Position Middle School or High School Attending in Fall 2013

Street Address (please print)

City

Zip Code

Primary Phone #

Cell Phone #

Email Address (Critical – please print). This info is used in-house only

MAIL THIS FORM TO:
COACH RALPH MUNBER
Rockford High School
4100 Kroes, Rockford, MI 49341

T-Shirt Size (Circle) MENS: SM MED LG XL XXL
****be exact as possible with size**
Shorts Size (Circle) MENS: SM MED LG XL XXL

I understand the applicant will be engaging in physical activity during camp, which contains an inherent risk of physical injury. The undersigned assumes full responsibility for any and all injuries, which the applicant may incur while participating in the RAM PRIDE Team Camp.

Parent Signature

Parent First & Last Name Printed

____/____/____
Date

Registration after JUNE 7th (last day of school) is \$60.00 with NO GUARANTEE of camp issued items

"RAM PRIDE" TEAM CAMP 2013

- **NO EQUIPMENT** is **NEEDED** other than **FOOTBALL SHOES**

RAM TEAM CAMP FORMAT

- To better acquaint ALL athletes with their level's offensive and defensive terminology.
- To learn and polish **TECHNIQUES** associated with each offensive and defensive position.
- To develop and raise the **SKILL** level associated with all positions.
- To become familiar with the **DRILL** progression associated with the Rockford Football program.
- Each **TEAM** present will have the opportunity to have their athletes work together during group and **TEAM** periods.
- **ALL** individuals will receive instruction during individual, group and **TEAM** periods.
- **ALL** activities will be vigorous during each non-contact session and will be in compliance with the guidelines of the MHSAA.



PARENTAL INFORMATION

Please make all checks payable to:

ROCKFORD FOOTBALL

MAIL TO:

Rockford High School
Attn: Coach Ralph Munger
4100 Kroes
Rockford, MI 49341

Questions directed to Coach Munger:
Phone: (H) 866-7797 OR (C) 204-1857
Email Address: rmunger44@aol.com

Location: The TED along with the Practice Areas in back of high school

Dates: July 9th – 11th

Time: 8:30 am – 2:00 pm

Cost: \$50.00 (includes daily lunch)

MAIL THE BACKSIDE OF THIS FORM TO:

COACH RALPH MUNGER • ROCKFORD HIGH SCHOOL • 4100 KROES • ROCKFORD, MI 49341

PLEASE DO NOT have your check reflect payment for additional Rockford Sport Camps

Registration after JUNE 7th is \$60.00 w/ NO guarantee of camp issued items

REGISTRATIONS NEED TO BE IN HAND BY THE END OF THE SCHOOL YEAR / NO REFUNDS ISSUED