

# NORTHWOOD PANTHER FOOTBALL 2015 SPRING FOOTBALL CLINIC

**Date:** May 18<sup>th</sup> and May 20<sup>th</sup>  
**Grades:** Current 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> graders  
**Time:** 3:00 P.M. - 4:45 P.M.  
**Location:** NWMS Football Field

**Cost:** **FREE!!!!**  
**Equipment:** Shorts/Sweatpants, T-Shirt, socks, cleats, or tennis shoes.

- This is a non-padded / non-contact camp

**Purpose:** This clinic is designed to help the student-athlete learn the fundamentals of football.

If you have questions regarding our clinic please contact:

Nate Andrews (head varsity football coach) by email, [nandrews@wanee.org](mailto:nandrews@wanee.org)

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**\*\*Please return to MRS. WILSON (Room 618) or mail to:**

Nate Andrews  
2101 N. Main St.  
Nappanee, IN 46550

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Current Grade (2014-15) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

LIMITATION & WAIVER OF LIABILITY: I/We as parents/legal guardians of the above camper do hereby agree to waive all liability of the Wa-Nee School Corporation Sports Clinic and its staff for an accident, injury, illness, or other mishaps which might befall the above named camper while traveling to or from, or during his/her attendance of the camp.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Printed name of parent or legal guardian* / *Signature of parent or legal guardian* / *Date*