

WALLED LAKE CENTRAL VIKINGS FOOTBALL



2018 VIKING YOUTH FOOTBALL CAMP

**SPONSORED BY THE
WLC FOOTBALL PEP CLUB**

**JULY 25 – JULY 26
7:00 PM – 8:30 PM**

Camp Location:
Walled Lake Central High School
1600 Oakley Park Road
Walled Lake, MI 48390

(248) 956-4778
robertmeyer@wlcsd.org
www.wlcfootball.com



COMMAND THE SHIP

CAMP INCLUDES:

- Instruction by Walled Lake Central Coaches
- On-field practice & instruction sessions
- Fundamentals and drills for the Viking Defensive Package
- Defensive principles vs the Run and Pass
- Blitz package vs the Run and Pass
- Fundamentals and drills for the Viking Passing Game
- Play action passes for the Viking Passing Game
- Fundamentals of the 3-Step Passing game

ALL CAMPERS SHOULD BRING THE FOLLOWING:

- Comfortable clothing for running and doing football related activities
- Cleats
- Tennis shoes (in case workouts take place indoors due to inclement weather)
- Water (will also be provided)

Registration form can be completed and mailed with payment of \$50, (checks should be made out to WLC Football Pep Club) to:

WLC Football Pep Club
Walled Lake Central HS
c/o Football Camp
1600 Oakley Park Road
Walled Lake, MI 48390

2018 VIKING FOOTBALL SCHEDULE

(all games have a 7PM kickoff)

Aug 23	at Lakeland (Thurs)
Aug 30	vs South Lyon East - Senior Night (Thurs)
Sep 7	vs Waterford Mott - Youth Night
Sep 14	vs Milford - Homecoming
Sep 22	at Cranbrook (Sat)
Sep 28	at South Lyon
Oct 5	vs Walled Lake Northern - Salute the Troops
Oct 12	at Waterford Kettering
Oct 19	at Walled Lake Western

REGISTRATION

Camp is open to the first 100 players to register

Player Name: _____

Parent/Guardian: _____

Address: _____

City: _____

Parent Phone: _____

Parent Email: _____

Grade (Fall 2016): _____

School: _____

Offensive Position: _____

Defensive Position: _____

All campers registered by July 13, 2018 will receive a camp t-shirt. Please circle your child's t-shirt size:

YS YM YL YXL AS AM AL AXL

Waiver: My child has my permission to attend the 2018 Walled Lake Central Youth Football Camp. I certify that my child has been examined by a licensed physician within the last 12 months and is able to participate in all football camp-related physical activities. I understand that my child may come in contact with other people and objects and I hereby waive all rights to future claims related to such contact or injuries sustained as a result of such contact. I agree to assume any and all risks associated with my son's participation in the Walled Lake Central Camp and release Walled Lake Central, its Director and staff from any and all liability related to injury or illness my child may sustain at the Walled Lake Central Football camp.

Parent Signature: _____

Date: _____

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