Camp Details

Date: 6/27/15  
Cost: $40

Eligibility: Rising H.S. Juniors or Seniors

Registration Deadline: 6/27/15 9:00am
  *Prospects may register on-site

Payment Method: Cash or Check

*Make checks payable to: Todd Knight Camps

Mail to: Stephen Flynn
Newberry College Football
2100 College Street
Newberry, SC 29108

Camp Details: The camp registration will begin at 9:00am. The first section of the camp will begin at 10:00am, and it will involve running (2) timed 40 yd dashes, (2) 20 yd pro agilities, and a rep max on the bench press. After the first section of camp, we will provide lunch. During the second section of camp, prospects will participate in position-specific individual drill work with our very own staff. They will also participate in 1-on-1 drills, 7-on-7 drills, and OL/DL Challenge. All work be filmed and evaluated.

(NOTE: All participation is VOLUNTARY)

Schedule
10:00am  First Section
12:00pm  Lunch
1:00pm   Second Section
3:00pm   Dismiss

Registration Form
Deadline to Mail is June 20th

Name:______________________________
Address:______________________________
City:______________________________
State:_______   Zip:____________________
Age:_______  Graduation Year: ________
School:______________________________
Head Coach:___________________________
Height:____    Weight:_____
Position:_____
Email address:________________________
Phone:______________________________
Tee Shirt Size:________________________

2015
Newberry College
JUNIOR/SENIOR
Prospect Football
Camp

JUNE 27th
SETZLER FIELD
Newberry, South Carolina
Staff

Todd Knight—Head Football Coach
Stephen Flynn—Defensive Coordinator
Bennett Swygert—Offensive Coordinator
Jeremiah Jones—Linebackers Coach
Tommy Davis—Defensive Line Coach
Drew Watson—Secondary Coach
Cedric Williams—Offensive Line Coach
Nick Kamerer—Tight Ends Coach
Deke Herrin—Wide Receivers Coach
Hunter Spivey—Running Backs Coach
Keith Chapman—Asst. Outside LB’s

Support Staff

Bryant Blanton—Equipment Manager
Jim Parks—Asst. Equipment Manager

Athletic Training Staff

John Lopez—Head Athletic Trainer
Jeff Coulter—Athletic Trainer/Football

DECLARATION OF INSURANCE

All participants in the Newberry Football Camp must have their own medical insurance coverage. The camp provides additional coverage only after the camper’s insurance policy has been utilized. Campers will not be allowed to participate unless they have filled out the insurance information and their parent or guardian has signed the liability waiver located on this page.

Insurance Information

Insurance Co.________________________
Policy #________________________
Group #________________________

Emergency Contact Information

Parent/Guardian:________________________
Phone:________________________
Cell:________________________
Emergency Contact:________________________
Email:________________________

LIABILITY RELEASE WAIVER

In consideration for my child being permitted to participate in the Newberry College Football Camp, related activities and events, the under-signed acknowledge and agrees that as the parent and/or guardian, do hereby for myself, my spouse, my child, and on behalf or my/our heirs, personal representatives, and assigns agree not to sue, and hereby release, waive, and discharge hold harmless and indemnify and forever defend the Camp Staff, Football Staff, Newberry College Athletic Department, Newberry College, its Board of Trustees, individually and collectively their officers, employees, servants, agents and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney’s fees, as may be sustained by my child or me arising out of or in any way associated with my child’s participation in the Newberry Football Camp, or travel incident thereto, whether by negligence or not to the fullest extent permitted by law. The risk of serious injury to my child from these camp activities does not exist including the potential for permanent disability and death. I understand and fully acknowledge that my child’s participation in these activities is solely at our own risk and I assume full responsibility. I also certify that my dependent has had an adequate medical examination and is physically able to participate in camp activities. I also give the camp director permission to seek medical treatment for my dependent if necessary.

*I have carefully reviewed and agree to the terms and conditions listed above.

Parent/Guardian
Signature:________________________