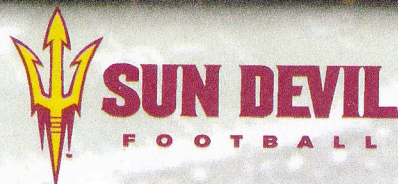
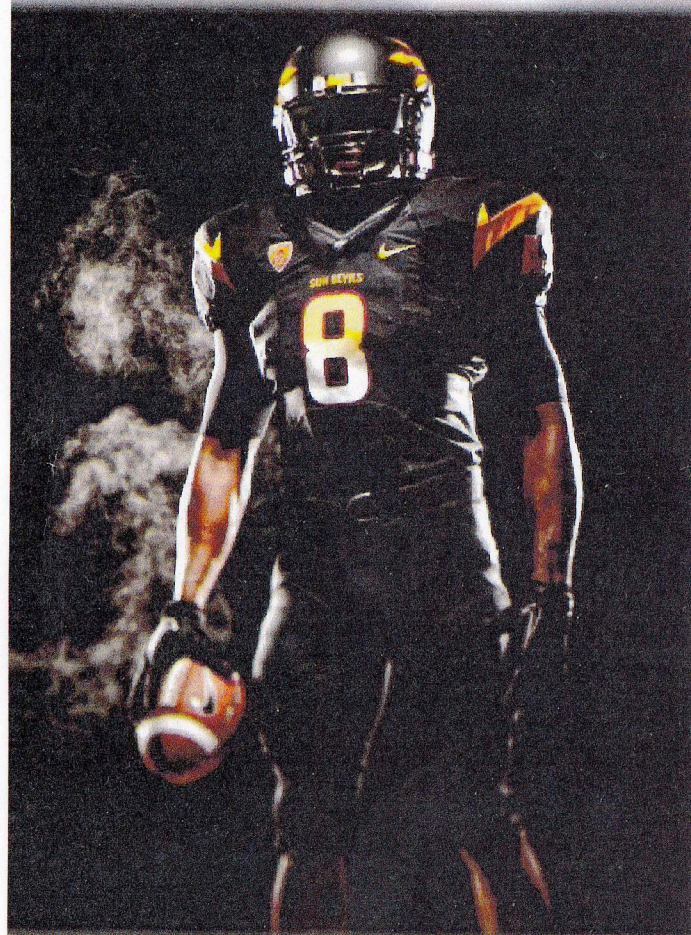


SUN DEVIL FOOTBALL CAMPS



Sun Devil Football Camps are open to any and all entrants in the specified age ranges

SUN DEVIL FOOTBALL Instructional Camp June 4-6, 2012

For Athletes Grades 5-12, Fall 2012

FEE: \$160.00 PER CAMPER BEFORE 5/31/12
\$185.00 AFTER 6/1/12

**GROUP OF 5 OR MORE, REGISTRATIONS SUBMITTED
SIMULTANEOUSLY - \$135.00 per camper**

Purpose

The 3-day camp is aimed at developing fundamental football skills for all levels in attendance.



Bill Kajikawa Practice Field

Daily Schedule

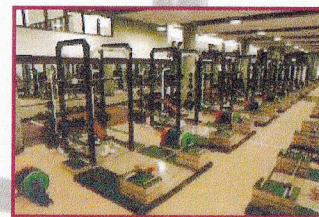
7:45 AM - Report
8:00 AM - Stretch and Agilities
8:30 AM - 9:30 AM Period I
9:30 AM - 10:30 AM Period II
10:30 AM - 11:30 AM Period III
11:30 AM - 11:50 AM Specialty
12:00 PM - Adjournment

Weight Training

Lecture and demonstration in proper weight training and flexibility will be conducted daily.

Equipment Needed Daily

T-shirt, Baseball Cap or Visor, Football Cleats, Tennis Shoes, Athletic Shorts, Athletic Socks, Sun Screen, Athletic Supporter.



Nap and Barbara Lawrence Strength Center

Registration Form June 4-6, 2012 Instructional Camp (Athletes Grade 5-12, Fall 2012)

Name: _____ (Please Print)

Home Phone: _____

Year in School - Fall 2012: _____ Age: _____ DOB: _____ / _____ / _____

T-Shirt (check size): ☐ S ☐ M ☐ L ☐ XL ☐ XXL

Parent's e-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Emergency Phone: (_____) _____

School Name: _____

Check Positions Played: ☐ QB ☐ RB ☐ TE ☐ OL
☐ Safety ☐ LB ☐ DL ☐ CB

**To register and pay online go to www.thesundevils.com
and click on 2012 for Sun Devil Football Camp.**

Or fill out this form and mail it with your check made payable to Sun Devil Club and a copy of your insurance
ASU Football
P.O. Box 872505
Tempe, AZ 85287-2505

| Individual | | Group of 5 or more - submitted together |
|--------------------------------------------------|-------------|-----------------------------------------|
| Instructional Camp | | Instructional Camp |
| if paid before 5/31 | \$160 _____ | \$135 / camper _____ |
| if paid after 5/31 | \$185 _____ | |
| High School Athlete that can only attend one day | \$50 _____ | |
| Total | _____ | Total _____ |

Medical Insurance Coverage

Must be completed, signed and dated to be eligible to participate

List any medical conditions: _____

Company Name: _____

Policy Holder Name: _____

Policy Number: _____

Medical Release: I hereby authorize the directors of the ASU Sun Devil Football Instructional Camp to act for me accordingly to their best judgment in any emergency requiring medical attention. I hereby release the camp, the instructors, and Arizona State University of all liability for any illness or injury while at, or in transit to and from the camp.

Payment Options:

Amount: _____ ☐ Check ☐ Cash

Credit Card: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover Card

Credit Card Number: _____ Expiration _____ / _____ CVV # _____

Name on Card: _____ Signature of Parent or Guardian _____

Phone # _____