

## CAMP INFORMATION

THIS IS PADDED FOOTBALL CAMP INTENDED TO PROVIDE DETAILED INSTRUCTION IN THE FUNDAMENTALS OF OFFENSE, DEFENSE AND SPECIAL TEAMS.

IF YOU ARE GOING INTO 9<sup>TH</sup> GRADE, ALL THE WAY UP TO 12<sup>TH</sup> GRADE. YOU ARE INVITED TO BE A PART OF COBBER COUNTRY

CONCORDIA IS ATAVUS TACKLING CERTIFIED. THESE SKILLS WILL BE IMPLEMENTED DURING CAMP INSTRUCTION

### CAMP FEES & REGISTRATION

#### *REGISTRATION*

***\$55***

FEE FOR CAMPER'S REGISTRATION  
COVERS INSTRUCTION  
AND CAMP T-SHIRT



Questions?

Please contact:  
Coach Brian Mistro  
218-299-4934  
[bmistro@cord.edu](mailto:bmistro@cord.edu)

## COBBER FOOTBALL HIGH SCHOOL INDIVIDUAL SKILLS CAMP 2018



**JUNE 14, 2018**

**GRADES 9-12 8:00AM – 12:00PM**

**JAKE CHRISTIANSEN STADIUM  
CONCORDIA COLLEGE COBBERS  
FOOTBALL**

**CALLING ALL COBBERS**

**GRADES: 9-12**

# SCHEDULE

CAMP WILL START PROMPTLY AT  
8:30AM ENDING AT 12:00PM

## TYPICAL DAILY SCHEDULE

**7:30** CHECK IN  
**8:00** INTRO/CAMP RULES  
**8:15** COMBINE TESTING  
**8:45** INDIVIDUAL INSTRUCTION  
**10:00** 1 ON 1 COMPETITIONS  
**11:00** GAMES  
**11:55** POST STRETCH  
**12:00** DONE

## WHAT TO BRING

HELMET/SHOULDER PADS  
PRACTICE JERSEY  
MOUTH GUARD  
CLEATS  
SHORTS  
PROPER ATHLETIC SOCKS  
WATER WILL BE PROVIDED  
100% ATTITUDE AND EFFORT

TRAINER WILL BE IN ATTENDANCE

FOLLOW US ON TWITTER  
@COBBER\_FOOTBALL

[WWW.GOCOBBERS.COM](http://WWW.GOCOBBERS.COM)

## HEAD COACH TERRY HORAN



*"Our staff is very excited for our first annual skills camp. This camp will give each camper a solid foundation for where they are at within their skill development. Our goal, is to coach on the fundamentals so each camper can apply what they learn to their 2015 football season."*

## COACHING STAFF

### OFFENSE

DALE HERTEL  
DAN KOSTICH  
JOHN MARSH  
TERRY LUSCHEN  
AARON WILLITS

### DEFENSE

DAVE KLUG  
KYLE BAKKEN  
BRIAN MISTRO  
MASON THORSTAD



Each player must fill out registration and have permission slip/waiver signed by parents.

Name \_\_\_\_\_

Grade Next Year \_\_\_\_\_ Pos \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email Address \_\_\_\_\_

T-Shirt Size youth \_\_\_\_\_

**Checks made out to:**  
Concordia College Football

**Mail to:**  
Football Office, Concordia College  
901 8<sup>th</sup> St. S., Moorhead, MN 56562

## Individual Registration: Cobber Football Skills Camp

I understand the Concordia College Academy director and coaches will not be held responsible for injuries or loss of property while my child is attending the Academy. By my signature below, I hereby release Concordia College, its officers, agents and employees from any and all liability, including claims and suits in law or equity, for any injury, fatal or otherwise, or the loss of personal property, and will indemnify and hold harmless Concordia College, its officers, agents and employees from any such claims. I realize the risks involved to the student, including the risks inherent to the sport of football. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses that could be incurred as a result of treatment given to my child for illness or injury while attending the Academy. I hereby authorize the staff of the Concordia College Academy to act for me according to their best judgment in any emergency requiring medical attention. I further understand the Academy retains the right to use, for publicity and advertising purposes, photographs of participants taken at the Academy.

Parent(s)/Guardian(s) Name \_\_\_\_\_

Printed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Physician name \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Medical Condition to be aware of \_\_\_\_\_