

# WALLED LAKE CENTRAL VIKINGS FOOTBALL



## 2016 VIKING YOUTH FOOTBALL CAMP

**SPONSORED BY THE  
WLC FOOTBALL PEP CLUB**

**JULY 25, 2016 – JULY 28, 2016  
6:30 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



**INVEST IN 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

## 2016 VIKING FOOTBALL SCHEDULE

(all games have a 7PM kickoff)

8/26	Home vs Troy (Senior Night)
9/1	Away vs Plymouth
9/9	Home vs Salem (Youth Night)
9/16	Home vs WL Western
9/23	Away vs Lakeland
9/30	Away vs Kettering
10/7	Home vs Mott (Homecoming)
10/14	Away vs WL Northern
10/21	Away vs Cross-over

## 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, 2016 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 2016 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: \_\_\_\_\_