

JUST DO IT.



SANTA FE INDIANS FOOTBALL

Camp Director: Matthew Bentley
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SANTA FE INDIANS FOOTBALL
2018 BI-DISTRICT PLAYOFFS



Boy's Camp
Head Start
2019

Open to All Incoming
7th-9th Graders

July 24th- July
26th, 2019

(WED—FRI)

8-11AM

2019 Camp Head Start

THE SANTA FE FOOTBALL COACHING STAFF INVITES ALL INCOMING 7TH, 8TH, AND 9TH GRADERS TO GET A JUMP ON THE UPCOMING FOOTBALL SEASON BY ENROLLING IN **CAMP HEAD START**. THIS CAMP OFFERS A GREAT OPPORTUNITY TO MEET YOUR NEW COACHES AND BECOME FAMILIAR WITH INDIAN FOOTBALL. WE WANT TO CREATE A WINNING TRADITION OF SANTA FE FOOTBALL.

FUNDAMENTALS OF BLOCKING, TACKLING, THROWING, CATCHING AND RUNNING

POSITION DRILLS AND TECHNIQUES

QUARTERBACKS, RUNNING BACKS,

RECEIVERS, OFFENSIVE LINE,

DEFENSIVE LINE, LINEBACKERS,

DEFENSIVE BACKS, KICKERS & PUNTERS

Head Start Typical Day

8:00AM LINEUP AND WARM-UP

8:10AM FOOTBALL CIRCUIT

8:40AM OFFENSE

9:40AM DEFENSE

10:40AM COMPETITION

11:00AM PARENT PICK UP

CAMP HEAD START INFORMATION

WHO: SANTA FE FOOTBALL STAFF

WHEN: JULY 24TH-26TH. 2019

WHERE: SANTA FE HIGH SCHOOL

COST: \$20 PRE-REGISTER

\$25 FOR WALKUPS

(\$10 Discount for Additional Siblings)

REGISTRATION INFORMATION

WALK-UPS WILL BE ACCEPTED

PRE-REGISTER DEADLINE: FRIDAY

JULY 23, 2019

MAKE CHECKS PAYABLE TO

SANTA FE FOOTBALL CAMP

MAIL TO: CAMP HEAD START

ATTENTION: COACH MATTHEW

BENTLEY

P.O. Box 370

SANTA FE, TX 77510

What to Bring: Shorts, T-shirts, Tennis Shoes, Cleats, Water Bottle, Sunscreen, Medications

CAMP HEAD START

DETACH AND MAIL WITH REGISTRATION

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY PHONE: _____

EMAIL: _____

ADULT SHIRT SIZE: _____

GRADE ENTERING 2019: _____

SCHOOL ENTERING 2019: _____

Waiver of Claims: I, as parent or guardian, hereby give permission for my child to participate in the camp head start. I acknowledge that he is physically able to participate activities. I hereby authorize the directors to act for me in their best judgment in a medical emergency. I acknowledge that I will be responsible for any cost through family medical insurance or otherwise, incurred due to injury or sickness to my son. I hereby waive any claims I might have against the camp, directors, or the institution providing the facilities. **This athletic camp/ clinic follows guidelines set forth by Santa Fe ISD and the UIL**

Parent/Guardian Signature:

X _____

MUST HAVE SIGNATURE ON FILE

