

Little Titans Football Camp

Non Contact

The GSHL District Champion Union Titan Football Team would like to invite your son/daughter to participate in the second Annual Little Titans Football Camp. Participants will be taught by Unions award winning coaching staff and players. They will not only learn football skills but also learn the dedication and strong work ethic it takes to be a champion! Hope to see your there!



All campers and parents are invited to stay after camp and watch the union football players compete in a 7 on 7 competition - concessions will be available

Wednesday July 28th 2010

1:30 to 4:30

Grades 3rd-8th

Mckenzie Stadium

14300 NE 18th St. Vancouver WA 98684

The Coaching staff will emphasize fundamentals, form and technique. Participants will be grouped according to age, size, and ability.

Please make checks payable to Titan Football
Send bottom section of form to
2602 NE 168th AVE Vancouver WA 98684

For more information email littletitans2010@comcast.net

Walk up registration is welcome.

Check-in begins at 12:30

Registration fee before July 18 th \$30

After July 18 th \$40



Attire For Camp:

Shorts, T-shirt, shoes for Astroturf surface.

We will have plenty of water for the kids. You may bring your own drinks and snacks

All Camp participants will receive a camp T-shirt along with award winning coaching!

The Youth Football Camp is a non-contact clinic. Your application MUST be signed by a parent or legal guardian.

Participant's Name _____

Grade In / O' - / I' _____ School Attending in / O' - / I' _____

Parent or Guardian _____

Address _____

City St Zip _____

Emergency Phone Number _____

Email: _____

Has participant had a physical within the last year? Yes No

Any medical conditions that we should be aware of?

Shirt size circle one - youth small - youth medium - youth

large - adult small - adult med - adult large - adult 1xl - adult

2xl -

I hereby authorize the staff of the Little Titans football Camp to act for me in accordance with their best judgment in any emergency requiring medical attention and I hereby waive and release the camp, its coaches, and employees from any and all liability for any injuries or illness incurred by my child while at camp. I have no knowledge of any physical impairment that would be affected by the above named camper's participation in the camp.

Parent/Guardian Signature: _____

Health Insurance Provider: _____

Group#: _____