

SOUTHWEST BAPTIST UNIVERSITY

FOOTBALL CAMPS



2015 CAMP STAFF:

- Craig Schuler** - Head Coach
- Marcus Klund** - Defensive Coordinator /
Linebackers / Camp Coordinator
- Phil Staback** - Offensive Coordinator / QB's
- Robert Clardy** - Assistant Head Coach / WR's
- Rickey Hunley** - Defensive Backs /
Recruiting Coordinator
- Anthony Vitale** - Offensive Line
- Darron Bardot** - Graduate Assistant (OL)
- Dan Carlisle** - Graduate Assistant (LB)
- Aaron Fisher** - Graduate Assistant (DB)
- Ethan Beisner** - Graduate Assistant (DL)



Location:

Southwest Baptist University
1600 University Ave
Bolivar, MO 65613

SBU FOOTBALL CAMPS APPLICATION

COMPLETE at <http://abcsportscamps.com/sbufootball> and **SUBMIT** payment online **OR DETACH AND RETURN TO:** Marcus Klund—SBU Football, 1600 University Ave, Bolivar, MO 65613. Make Check Payable to Marcus Klund-SBU Football. **For further information contact Coach Klund at: (417) 328-1931**

Deposit Deadline: Team Deposit Due by June 5th.

School: _____ Coach: _____ Phone: _____

Address: _____ Number of Campers: _____

City: _____ St: _____ ZIP: _____ Number of Coaches: _____

Signed: _____ Date: _____

TEAM CONTACT CAMP

TEAM CONTACT CAMP

JULY 21st-23rd

Full Team Contact Oriented Evening

Camp:

High Schools will compete against other schools in throughout this camp. All scrimmages will be filmed for the coaches and shared on hudl. ****Will need a team roster a week before the start of camp along with team uniform colors for camp.**

Cost:

- **OVERNIGHT TEAM CAMPERS**
\$300 Deposit (Overnight—Team Fee & HS Staff Costs)
\$100 per student athlete for overnight
-This includes Lodging & Meals
-Bring own Bedding, Pillows, & Towel

- **TRAVEL TEAM CAMPERS**
\$500 Team Fee— This includes cost for all campers.
*Meals are NOT included. MUST BRING OWN MEALS

NOTE: Team Deposits and Cost are due no later than June 5th to secure a spot. You can mail a check, payable to Marcus Klund-SBU Football, to the address that is listed on the back of this flyer.

Camp Activities/Format:

Each camp day includes the following:

- Individual Team Periods where each high school will have time to install offensive/defensive schemes with their own team.
- 7 on 7 Passing Perimeter Competition against other schools. OL/DL Competition.
- Team goal line challenges.
- Situational Challenges
- Controlled Full-Contact Scrimmages against other schools.

Teams should bring:

- Their own athletic/medical tape and bandages for wrapping knees, ankles, etc.
- The Camp is prohibited from furnishing any football equipment and/or athletic training materials.

CAMP DAILY SCHEDULE (21st)

3:00 pm—Registration
3:45 pm—Camp Introduction (Welcome)
4:00 pm—Individual Team Stretch & Warm Up (Drills).
5:00 pm—7 on 7 Competition & OL/DL Competition (PODS)
5:45 pm —Team Situational Scrimmages
6:30 pm— Team Goal Line Challenges
7:00 pm—Team Full Contact Scrimmages
7:30 pm—Camp Concludes (Pizza for overnight Teams)
8:30-9:30 pm—Open Gym

CAMP DAILY SCHEDULE (22nd)

MORNING SESSION

7:00 am—Breakfast in Café
8:00 am—Individual Team Stretch & Warm Up (Drills).
8:45 am—7 on 7 Competition & OL/DL Competition (PODS)
9:30 am—Team Situational Scrimmages
10:00 am—Team Goal Line Challenges
10:30 am—Team Full Contact Scrimmages
11:00 am—Morning Session Concludes
12:00 pm—Lunch in Café
1:00-3:00 pm—SBU Coaches available for Clinic Talk

5:30 pm—Dinner in Café

EVENING SESSION

7:00 pm—Individual Team Stretch & Warm Up (Drills).
7:30 pm—7 on 7 Competition & OL/DL Competition (PODS)
8:00 pm—BEARCAT CHALLENGE!!!!
9:00 pm—Evening Camp Concludes

CAMP DAILY SCHEDULE (23rd)

MORNING SESSION

7:00 am—Breakfast in Café
8:00 am—Individual Team Stretch & Warm Up (Drills).
8:30 am—Redzone Challenge
9:15 am—Goal Line Challenge
10:00 am—Overtime Challenge
11:00 am—Camp Concludes—Awards Ceremony

ASSUMPTION OF RISK AGREEMENT

I, the undersigned parent/ legal guardian of _____, authorize said child's participation in the 2015 SBU Football camp. In and for consideration of my child's participation in the SBU Football Camp, I hereby agree that I will not hold Craig Schuler, his staff, the Athletic Department, Southwest Baptist University or its employees responsible for any loss, damages, or personal injuries that he may receive as a result of participation. This waiver of liability expressly includes camp activities, or while in, on or upon the premises whereby the activity is being conducted and transportation to and from or in connection with said camp. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that a medical insurance policy carried by the SBU Football Camp will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept the responsibility for the cost. **This form must be filled out and returned with the application.**

Parent/ Guardian Signature

Date

Camper Signature

Date

Camper's Name: _____

Camper's SSN: _____

PHYSICIAN: I have examined the heart action, blood pressure and general physiological condition of the aforementioned camper and believe him/her to be physically fit to participate in all sports.

Physician's Signature (or copy of physical)

Date

PARENTS: In accordance with the rules of the SBU FOOTBALL CAMP, I hereby give my consent for my child to participate in any and all camp activities. If at any time it is necessary for the aforementioned camper to receive outside or professional medical attention, I hereby give my consent to the Camp to secure the services of the physical or medical facility selected and to secure transportation as is deemed necessary. I will not hold the Camp responsible for any benefits beyond the camp medical insurance program and will secure adequate family insurance coverage if additional protection is desired.

Insurance Company: _____

Policy Number: _____