



# FOOTBALL SASKATCHEWAN

*Football Saskatchewan is the provincial sport governing body for amateur football, whose broad function is to promote and further the development of the sport of football for all residents of the province of Saskatchewan.*



---

**Memo To:** Regina High Schools, Notre Dame, Balgonie, Weyburn High Schools.

**From:** Football Saskatchewan

**Re:** Regina Skills/Identification Camps for Grades Nine, Ten and Eleven  
(Format includes 3 hours of skills instruction)

---

Football Saskatchewan will be conducting a series of skill identification camps for high school football players currently in grades nine, ten and eleven. The purpose of these camps is to introduce and teach fundamental football skills and to identify the athletic ability and football skills of the participants. Football Saskatchewan will also be hosting a Top 100 camp in Saskatoon during the weekend of June 13<sup>th</sup>. The Top 100 players chosen to participate in this camp will be selected from those that attend the Skill Development/ ID Camps.

The Regina and Area camp will be conducted on **Monday, May 4<sup>th</sup> to Friday, May 8<sup>th</sup>** at Mosaic Stadium. The camp will be divided into five parts. The testing session will consist of athletic tests such as: 40 yard time, 20 yard time, vertical jump, etc. The skills sessions will cover position specific skills. An area coach will be present for all positions, quarterbacks, running backs, offensive linemen, receivers, defensive linemen, linebackers, and defensive backs. Athletes will be responsible for all costs to attend the camps. **COACHES PLEASE NOTE, WE WILL BE CHARGING THE ATHLETES A \$50.00 FEE TO PARTICIPATE IN THESE SKILL/ ID CAMPS. THE ATHLETES WILL RECEIVE A FOOTBALL SASKATCHEWAN T-SHIRT.**

The post-secondary programs will provide coaches for these camps. High school coaches will supplement the remainder of the coaching staffs.

Athletes will have to complete the enclosed registration forms and return them by **April 24<sup>th</sup>** to:

Football Saskatchewan  
2205 Victoria Ave.  
Regina, Saskatchewan  
S4P 0S4

Please read the following very carefully as it contains information you must be aware of and the instructions that you must adhere to in order for your athletes to participate in the camp. **PLEASE PASS THIS INFORMATION ON TO YOUR ATHLETES.**

**Regina and Area Skills/Identification Camp**

**Location:** Mosaic Stadium (Formerly Taylor Field), Regina

**Date:** Monday, May 4<sup>th</sup> - Friday, May 8<sup>th</sup>.

**Schedule:**

Monday:	4:30 pm - 5:00 pm	Registration
	5:00 pm – 6:30 pm	Athlete Testing
Tuesday - Thursday	5:00 pm - 6:30 pm	Practice – Skill Development
Friday	5:00pm – 6:30pm	Controlled Scrimmage

**Number of Athletes per School:**

Each school will be allowed to send an unlimited number of athletes to the camp. We would encourage you to have an athlete at each position area; (quarterback, running back, receiver, offensive linemen, defensive linemen, linebacker, and defensive back) attend the camp.

**Registration:**

**APPLICANTS TO PARTICIPATE IN THIS SKILL/ ID CAMP, A \$50.00 REGISTRATION/PARTICIPATION FEE IS BEING CHARGED. PLEASE INCLUDE THE FEE WITH YOUR APPLICATION FORM BY APRIL 24<sup>th</sup>; CHEQUES CAN BE MADE PAYABLE TO: FOOTBALL SASKATCHEWAN.**

**Equipment:**

The athletes must bring football equipment from their school with them. **Please ensure that the football equipment you bring has a proper fit and has been inspected for potential problems.**

**\*\*Note: PLEASE MAKE COPIES OF THIS REGISTRATION FORM FOR YOUR ATHLETES\*\***



## 2009 FOOTBALL SASKATCHEWAN IDENTIFICATION/SKILLS CAMP REGISTRATION FORM



NAME:			
ADDRESS:			
COMMUNITY:		POSTAL CODE:	
TELEPHONE:		GRADE:	T- SHIRT SIZE:
AGE:	SCHOOL:		
FOOTBALL COACH:			
HEIGHT:		WEIGHT:	
POSITIONS PLAYED:			
POSITIONS I WILL PLAY AT THIS CAMP - <u>(PLEASE INDICATE ONLY ONE POSITION):</u>			
LOCATION OF CAMP: <b>REGINA</b>			

### HEALTH CERTIFICATE AND PARENT'S WAIVER

I am satisfied that my son, \_\_\_\_\_ is in good health to take part in the strenuous activities that are part of the Football Saskatchewan Identification and Skill Development Camp. He has my permission to participate in those approved physical activities that make up the **FOOTBALL SASKATCHEWAN IDENTIFICATION AND SKILL DEVELOPMENT CAMP** and I absolve **FOOTBALL SASKATCHEWAN** and/or any of its staff, directors, executive, associations, members, sponsors and any coaches participating on Football Saskatchewan's behalf, from any and all liability. I further agree with the need to have my son examined by a physician following any illness or injury as a direct result of this camp, in order to re-establish a bill of good health and that this medical examination is my sole responsibility.

HOSPITALIZATION NUMBER:	PARENT'S SIGNATURE
FAMILY PHYSICIAN:	NAME:
ADDRESS:	ADDRESS:
PHONE NUMBER:	PHONE NUMBER:

**\*\* APPLICATIONS FOR THE SKILL/ ID CAMP MUST BE RECEIVED  
ONE WEEK BEFORE THE SCHEDULED CAMP \*\***

FOR OFFICE USE ONLY, REGISTRATION FEE RECEIVED	CASH	ρ	CHEQUE	ρ
--	------	---	--------	---