

CAMP STAFF

Todd Dain, Camp Director

- Head Coach, Olathe Northwest
- Kansas Shrine Bowl Coach '07
- GKCFCA All-Star Game Coach

Tim Callaghan, Camp Co-Director

- Head Coach, Shawnee Mission West
- Played football at Butler Co. CC and UN-Omaha
- Football coach for 15+ years

Local High School /College Coaches and Players

The FCCJC Academy stresses fundamentals, teamwork and sportsmanship and expect all campers to walk away with improvement in their game at the end of camp. The camp goal is for our participants to learn football fundamentals and have fun in the process. Hard work is necessary to become a good player, but we strongly believe in making the game fun for everyone.

SIGN UP NOW!!

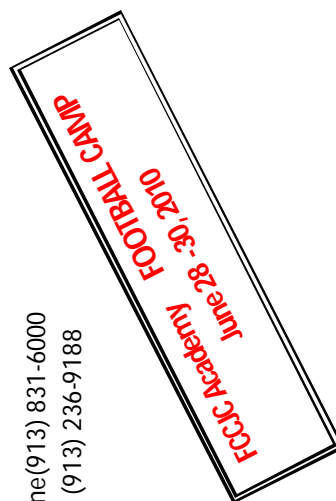


Football & Cheerleading Club
of Johnson County

6740 Antioch, Suite 250
Merriam, KS 66204

Phone (913) 831-6000

Fax: (913) 236-9188



FOOTBALL & CHEERLEADING CLUB OF JOHNSON COUNTY ACADEMY



FOOTBALL CAMP

WITH PROUD SUPPORT FROM
THE KANSAS CITY CHIEFS



Grades 3-8th

JUNE 28-30, 2010

5:00 – 8:00 PM

Heritage Park
Football Complex
162nd & Pflumm
Olathe, KS

FCCJC~KANSAS CITY CHIEFS PARTNERSHIP



FCCJC is pleased to continue our growing partnership with the Kansas City Chiefs. Among the benefits for FCCJC participants include the Football Camp, the discounted regular season ticket program, FCCJC Day at Arrowhead and the "Play Football" initiative. See our website www.fccjc.org for details.

CAMP DATES: JUNE 28-30, 2010 5-8 pm

All 3rd through 8th Graders may attend.

\$85 per player, which includes a camp T-Shirt and other giveaways. Participants and their families can purchase lower level tickets to Chiefs regular season games at discounted prices during the camp!

The camp will be held at the FCCJC Football Complex at Heritage Park in Olathe. The complex has 10 football fields and is located at 162nd and Pflumm.

WHAT TO BRING TO CAMP

All players need to wear football cleats (molded cleats only) or comfortable tennis shoes. Players should also wear comfortable practice clothes (i.e. shorts and a T-shirt). Although water will be provided, players may bring a water bottle with their name on it.



INFORMATION

Call the FCCJC office at
913-831-6000 or visit our website
at **WWW.FCCJC.ORG**
Click on Academy.

TOP RATED COACHING STAFF

The camp directors are well known for their teaching and coaching abilities. High School and college players/coaches will make up the rest of the staff. They will concentrate on teaching fundamentals in a fun and learning environment.



SPORTS PERFORMANCE SPECIALIST

KC Sport Speed will work with the campers on a daily basis to help develop speed, strength, flexibility and vertical jump.



SPECIAL GUESTS

Kansas City Chief football greats will stop by during the camp to sign autographs and speak to the participants.



HOW TO REGISTER

Complete the registration form and mail or fax it to the FCCJC office, along with the \$85 fee **before June 14th** to:

FCCJC Academy Camp
6740 Antioch, Suite 250
Merriam, KS 66204

Make checks payable to FCCJC/Chiefs Camp
Amex, Disc, Visa & MC also accepted. Fax: 913-236-9188

Name _____
Address _____
City _____
State _____ Zip Code _____
Phone _____
E-Mail _____
Grade (Fall 2010) _____
T-Shirt (adult) S M L XL XXL (circle one)



As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the FCCJC Academy Football Camp. I understand that there are certain risks inherent in the participation in the camp, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.)

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless FCCJC, their officers, sponsors, supervisors, agents and representatives, and the Johnson County Parks & Recreation District, for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of any accident or injury to my child and subsequent determination that emergency medical treatment is necessary, I hereby authorize the FCCJC, staff and/or coaching staff to admit said child to the nearest medical treatment center, and place him/her under the care and treatment of the attending physician.

I also authorize the camp to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

Parent/Guardian Signature _____
Payment: Check _____ Cash _____ Visa/MC/Discover/AmEx
Credit Card # _____
Exp. Date _____ CVC # _____
Billing Address _____ Zip Code _____