

Wayne State University / VAC Program

Self-Esteem Football Camps & Clinics Programs 2010



Sponsored by:
Top Cat Sales
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**Boys & Girls
Ages 6-18**

**Non-contact camps & clinics
Camps will be one day for 1 1/2 hours**

Season Begins: July 1, 2010

Season Ends: August 1, 2010

Camp Dates

<u>Westside</u>	<u>Eastside</u>	<u>Westside</u>	<u>Southwest</u>	<u>Northeast</u>
Westside Cultural & Athletic Club (4700 Vinewood)	Holden Boys & Girls Club (20100 Schoenerr)	Diehl Boys & Girls Club (42222 Collingwood)	Bloomer Boys & Girls Club (3826 Livernois Ave.)	Perfecting Community Care Center (7100 E. Davidson)
July 21, 2010 10 a.m. – 3:00 p.m.	July 27, 2010 10 a.m. – 3:00 p.m.	July 13, 2010 10 a.m. – 3:00 p.m.	July 14, 2010 10 a.m. – 3:00 p.m.	July 26, 2010 & July 29, 2010 10 a.m. – 3:00 p.m.

For general information call Ron Simpkins—Associate Director (313) 577-5945

(Please cut & return with deposit to WSU/VAC-259 Matthaei Building, Detroit MI 48202)
Sign up Registration Forms

Participant's Name: _____

Address: _____ Zip: _____

Home Phone: _____ Emergency Phone: _____

Grade: _____ Age: _____ Shirt Size: _____

Name of school student attends: _____

July 21, 2010
10 a.m. – 3:00 p.m.

July 27, 2010
10 a.m. – 3:00 p.m.

July 13, 2010
10 a.m. – 3:00 p.m.

July 14, 2010
10 a.m. – 3:00 p.m.

July 26, 2010 & July 29, 2010
10 a.m. – 3:00 p.m.

I/we as parent(s) guardian of the above child hereby give my/our approval for the picture or likeness and permission of our child in any and all of the activities at the Wayne State University/ VAC Training Self-Esteem Football Camp Program. I/we as parent(s) guardian of the above child, hereby give my/our approval for my child to receive medical attention. I/we also agree that my/our medical health coverage is _____

Please list any medical information on the back of this form that the camp coordinator may need to know about the child listed above.

Father/Guardian Signature: _____ Mother/Guardian Signature: _____