

GENERAL INFORMATION

ELIGIBILITY

Robin Pflugrad's Football Camp is open to any young man in high school with remaining eligibility.

TUITION

Overnight Individual Campers.....\$290

Overnight TEAM Campers.....\$240

Day Individual campers.....\$240

LOCATION

Washington-Grizzly Stadium is an ideal setting for summer football camp. The weight training room and treatment center are conveniently located nearby and are available to all campers.

HEALTH AND SAFETY

Each camper must provide his own health insurance. *Medical Release, Personal History and Insurance Information* must be completed on application

WHAT TO BRING

Bring your helmet, shoulder pads, pants, shoes, shirts, shorts, jersey and socks. You will need to bring towels, as they are NOT provided.

Dorm beds have sheets, pillow, pillow case and a blanket. You are welcome to bring your own bedding if you choose.

POSITION INSTRUCTION

Each camper will get instruction from UM Coaching Staff, current & former NFL players

TEAM INSTALLATION

Time will be set aside for coaches to work with their own teams.

PASSING LEAGUES/PASS RUSH LEAGUES

Leagues will be set up each day for campers. High schools with a group of players may compile their own team.

Dear parents, coaches and athletes:

At Robin Pflugrad's Football Camp, the Montana coaching staff has a few main goals in mind - that each camper has fun, improves technically, and that each team becomes more fundamentally sound in preparation for their season opener this fall.

Our emphasis will be on what we do here at Montana. Offensively, we will focus on improving the running game and passing game skills of our campers. On the defensive side of the ball, we will focus on coverage skills and pass rushing skills. Instruction by position will occur both in individual sessions with Griz coaches and in eleven on eleven, full contact periods.

We believe the combination of quality instruction and strong competition will result in a great experience for each camper, and in turn, we feel this will lead to improved individual and team play this fall.

The Grizzly coaching staff looks forward to seeing you on our scenic campus this June.

- Robin Pflugrad

UM PARKING

Parking decals are available at registration for campers and parents for \$5.00 each. The decal is good for the entire camp - can be purchased day of registration.

FOR INFORMATION CALL:

(406) 243-2969

ARRIVAL AND DEPARTURE

Wednesday, 6/16

3:00 - 5:00 p.m. - registration at Craig Hall

5:00 - Coaches meeting

- Campers to stadium

6:00 - 1st practice

Saturday, 6/19

Camp ends - depart approx. 12:00 noon

Robin Pflugrad's Summer Football Camp Features

- Full contact for high school players
- Outstanding personalized instruction by Grizzly Coaches and former players
- Spacious practice facilities
- Washington-Grizzly Stadium
- Team organization time
- Passing leagues/pass rush leagues
- Camp t-shirt
- Meals and dormitory lodging

DAILY SCHEDULE

7:00 - 8:00	Breakfast
8:30 - 9:15	Griz Instruction
9:15 - 10:15	Team Installation
10:15 - 11:15	11 on 11
11:30 - 1:00	Lunch
1:00 - 2:00	Rest
2:30 - 4:30	Pass League / Pass Rush
5:00 - 6:30	Dinner
7:00 - 7:45	Griz Instruction
7:45 - 8:30	Team Installation
8:30 - 9:00	11 on 11
10:00	In Dorm

MEDICAL RELEASE FORM/HEALTH HISTORY

(Must be completed to attend camp)

Camper's Name _____

Camper's Parent/Guardian _____ Campers date of birth _____

Parent's Daytime Phone /Cell _____ Parent's Evening Phone _____

Emergency Contact (if above can not be reached) _____

Daytime phone of emergency contact _____ Evening Phone _____

PERSONAL HISTORY (Have they now or have had in the past)

Heart Disease	Yes	No	Heart Murmur	Yes	No
Heart Surgery	Yes	No	Diabetes	Yes	No
Muscle Disease	Yes	No	Lung Disease	Yes	No
Epilepsy	Yes	No	Occasional Chest Pain	Yes	No
Dizzy Spells or Blackouts	Yes	No	Irregular Heart Beat	Yes	No
Any Chest Pains on Exertion	Yes	No			
Any Chest Pressure on Exertion	Yes	No			

Other: _____

If yes to any of the above, please explain _____

Has your child recently had any broken, sprained, or bruised bones or muscles in the past six months _____

Please list any medications your child is currently taking _____

Please list any known allergies to medication _____

MEDICAL INSURANCE IS REQUIRED TO ATTEND
(Must be completed to attend camp)
INSURANCE INFORMATION:

Insurance Carrier _____

Policy Holder _____ Group Policy # _____

Policy # _____ Claims Phone # _____

MUST COMPLETE MEDICAL RELEASE, MEDICAL INSURANCE & APPLICATION.
Parent's Signature required on application (next page) →

NAME _____ HT _____ WT _____ AGE _____
ADDRESS _____ CITY _____ ST _____ ZIP _____

POSITION _____ HIGH SCHOOL _____ YR IN SCHOOL (Fall '10) _____
I understand I am requesting enrollment for Robin Pflugrad's Football Camp. The enrollment is limited and applications are accepted in the order they are received. I will comply with camp rules. My son has permission to attend Robin Pflugrad's Football Camp. Enclosed is \$50 (non-refundable) reservation fee. This will apply to the tuition. In the event of illness or injury, I hereby give my consent for medical treatment and permission to the attending physicians to hospitalize, secure proper treatment and order injections, anesthesia or surgery. **Medical insurance is mandatory for all campers. Enclose \$50.00 deposit with your camp application.** I understand the nature of the Robin Pflugrad's Football Camp, that my child's participation is voluntary, and that I may withdraw my child at any time. I have knowledge of the benefits to expect and the discomforts and/or risks which may be encountered, (broken bones, sprains, strains, heart failure, head injury, etc.) And agree that my child participate on that basis. I have completed the medical release form/health history to the best of my knowledge. I also understand the nature of the Robin Pflugrad football camp does not provide insurance coverage for participation. As the parent or legal guardian of the above named player, I hereby consent for emergency medical care prescribed by a duly licensed Doctor or Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

PARENT'S SIGNATURE _____ **CAMPER'S SIGNATURE** _____
(18 yrs of age)

Send this application with **\$100 deposit** to: ROBIN PFLUGRAD'S FOOTBALL CAMP, HOYT ATHLETIC COMPLEX, MISSOULA, MT 59812

Day Overnight
For office Use Only -- Deposit _____ Balance Due _____

PARENT'S SIGNATURE (ABOVE) IS REQUIRED IF CAMPER IS UNDER AGE OF 18

Robin Pflugrad's Football Camp

June 16 - 19, 2010

12 Time Defending Big Sky Champions



Contact Camps For All High School Football Teams and Individuals

1995 and 2001 National Champions