



# Brookfield East High School - Spartan YOUTH Football Camp

*This camp will play a part in developing the skills and knowledge necessary to play youth football. The camp focuses on fundamentals of football, skill development and teamwork.*

- Grades:** **Those entering 1st-8th Grade**
- Dates:** Monday, June 15th - Thursday, June 18th
- Times:** 1st Grade-3rd Grade 9:30am - 10:30am  
4th-8th Grade 10:30am-12:00pm
- Place:** Brookfield East High School
- Cost:** \$60.00 – Please make checks payable to “Spartan Youth Football”

*\*Please note all campers will receive a camp t-shirt. Full refund will be provided with written cancellation received before June 1<sup>st</sup>.*

\*\*\*\*\*

## BROOKFIELD EAST HIGH SCHOOL - SPARTAN YOUTH FOOTBALL CAMP

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Grade in Fall 2026:** 1st 2nd 3rd 4th 5th 6th 7th 8th

**Email Address:** \_\_\_\_\_

**T-Shirt Size (Please Circle One):** YS YM YL S M L XL XXL

*My child has my permission to attend the Brookfield East High School Spartan Football Camp. I certify that within the past two years he has had a physical examination and is physically able to participate in football camp activities without restriction. In the event of illness or injury, I give my consent for medical treatment and order injections, anesthesia, or surgery. I will be responsible for any medical or other charges in connection with my child's attendance at the camp. I acknowledge that at the Brookfield East Spartan Football Camp my child will participate in a sport that may involve physical contact of the body and other persons or objects, including the ground and that my child may incur risk of injury. I specifically release Brookfield East High School, the Football Camp and staff from liability for any claim for damages which I or my child may have for injuries that he may sustain at Camp.*

\_\_\_\_\_

**Camper's Signature**

\_\_\_\_\_

**Parent's Signature**

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please mail registration along with \$60 (checks payable to Spartan Youth Football) for each applicant to:  
Ben Farley, c/o Brookfield East High School, 3305 North Lilly Road, Brookfield, WI 53005**

**Please reach out to Coach Farley with any questions at [farleyb@elmbrookschoools.org](mailto:farleyb@elmbrookschoools.org)**