

# 2023 RAVEN'S



## FOOTBALL CAMP



## WE. TRAIN. HARD.



CAMP REGISTRATION:  
WHERE- CSRMS FRONT OFFICE  
WHEN- MON.-THURS., SCHOOL HOURS,  
6/19/2023 – 7/17/2023  
CAMP DATES: JULY 17<sup>TH</sup> – JULY 21<sup>ST</sup>  
CONTACT COACH WILLIAMS:  
813-346-1200  
[spwillia@pasco.k12.fl.us](mailto:spwillia@pasco.k12.fl.us)



# RAVEN'S FOOTBALL CAMP PHILOSOPHY:

DO YOUR BEST, BE RESPECTFUL, WORK HARD AND HAVE FUN!

## Campers will learn:

- How to enjoy the game of football.
- How each offensive position works.
- How each defensive position works.
- To respect the game, teammates, and opponents.
- The basic rules and fundamentals of the game.
- How nutrition fits into their game.

## DAILY AGENDA

(WATER BREAKS EACH PERIOD)

7:00AM – 7:20AM - PERIOD 1: ARRIVAL

7:20AM – 7:35AM - PERIOD 2: STRETCH

7:35AM – 8:15AM – PERIOD 3: STRENGTH, AGILITY, SPEED & CONDITIONING

8:15AM – 8:25AM - PERIOD 5: BREAK

8:25AM – 9:25AM - PERIOD 6: OFFENSIVE POSITION DRILLS

9:25AM – 9:30AM - PERIOD 7: BREAK

9:30AM – 10:30AM - PERIOD 8: DEFENSIVE POSITION DRILLS

10:30AM – 10:35AM - PERIOD 8: BREAK

10:35AM – 11:35AM - 7 ON 7

11:35AM – 11:40AM - PERIOD 9: BREAK

11:40PM – 12:30AM - LUNCH, FILM & WHITEBOARD

12:30 – 12:45 – CAMPER PICK UP

## CAMPERS MUST HAVE

A 2 GALLON PERSONAL WATER JUG, T-SHIRT, SHORTS, SNEAKERS, CLEATS, LUNCH, RUSHE CAMP SIGNED WAIVERS.

## CAMPERS WILL RECEIVE

\* IN-DEPTH INSTRUCTION FROM RAVEN'S COACHING STAFF WITH GAMES & CONTESTS.

## PRICE & PAYMENT WITH CASH OR CHECK

## MADE OUT TO CSRMS

\$150 FOR INDIVIDUAL CAMPERS/\$200 FOR FAMILY OF TWO CAMPERS TO RECEIVE THE FAMILY PRICE BREAK, BOTH APPLICANTS MUST HAVE CAMP REQUIRED FORMS COMPLETED.

-On Site Security Is Not Provided at the CSRMS Football Camp.

-No Refunds if the CSRMS FOOTBALL CAMP is cancelled by Pasco County during the camp or if the CSRMS FOOTBALL CAMP is rained out during the camp.



**Charles S. Rushe Middle School Football Camp  
Medical Release/Waiver Form:**

I. I, the undersigned parent or guardian, do hereby grant permission for my Son/ Daughter, whose name is \_\_\_\_\_, and hereinafter shall be referred as "participant," to participate in the Charles S. Rushe Middle School camp/ clinic. In order that the participant receive the necessary medical treatment in the event of an injury or illness, I hereby hold the clinic director and its representatives harmless in the exercise of authority.

II. I fully acknowledge, understand and agree that, in taking part in this clinic, there is a possibility of physical illness, injury (minimal, serious, or catastrophic) and/or death and that I, as the participant/parent/guardian, am assuming the risk of such illness, injury or grave consequence by participating.

III. I further agree to hold harmless the Pasco County School Board, the Charles S. Rushe Middle School Athletic Program, CSRMS Employees, including the directors which conduct the camp/clinic, and the coaches by whom the camp/ clinic is being run, for the illness or injury (minimal, serious, or catastrophic) and/or death incurred by the participant during the course of the clinic.

IV. I understand that refunds will not be given for illness, rain outs, Pasco County Closures and/or no-shows.

Parent/Guardian Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Applicant Printed Name: \_\_\_\_\_