

**Manitowoc Lutheran Jr. Lancer
YOUTH FOOTBALL PROGRAM, 2010**



PROGRAM INFORMATION FORM

PARENT AND REGISTRATION INFORMATION:

- Our Jr. Lancer teams are open to boys from WELS congregations and/or grade schools.
- Cost is \$135 per season and will cover equipment rental of all pads, uniform, & helmet; referees for home games, and a small travel allowance for coaches.
- Parents must provide transportation for all practices and games.

KEY DATES TO REMEMBER:

Thursday, 3/25	6:00 – 7:00pm	Registration Night	Additional information will be provided and questions answered. Forms due: - \$70 deposit (non-refundable) - Registration Form
Tuesday, 6/15	6:00pm – 7:00pm OR Wednesday, 6/16	Equipment Fitting Days	Attendance at one session is mandatory to ensure fit of pads, helmet & uniform Forms due: - Medical & Waiver Form - Equip. Form & Rental Agreement - \$65 balance of registration fee
	11:00am – 1:00pm*		
	<i>* Time coincides with that day's MLHS' Boys Basketball Camp</i>		
Tue—Fri, 7/26-29	8:30 - 11:00am	Youth Football Camp	Skill development camp, hosted by MLHS coaches & players. Non-contact; emphasis on technique.
Monday, 8/9	4:00 – 5:30pm	First Practice	Equipment issued.

PROGRAM CONTACT INFORMATION:

Advisory Board:

Scott Reinhard, Director	242-9204	screinhard@mlhslancers.com
Charlie Blish, Treasurer	973-1107	charlie@winconservices.com
Sandy Menges, Fundraising	732-3232	ssmenges@tm.net

Head Coaches:

5 th & 6 th Grade:	Tim Klein, Head Program Coach	684-8296	tklein@hfmhealth.org
7 th Grade:	Pastor Nick Maglietto	683-9565	pastormaglietto@ilutheran.org
8 th Grade:	Jamie Rocker	684-8406	jroecker@ilutheran.org



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REGISTRATION FORM

PLAYER _____ BIRTH DATE ____/____/____
 (Last) (First) (M.I.)

PHONE (____) _____ - _____ AGE (at 8/1/10) _____ GRADE (Fall '10) _____

HOME ADDRESS _____ CITY _____ ZIP _____

SCHOOL / CONGREGATION _____
 Name City

FATHER'S NAME _____ Home Phone (____) _____ - _____
 Cell Phone Number (____) _____ - _____ E-mail address: _____

MOTHER'S NAME _____ Home Phone (____) _____ - _____
 Cell Phone Number (____) _____ - _____ E-mail address: _____

I will:

- Attend all practices and all games of the Junior Lancer football team for the 2009 season.
- Interact with my teammates and coaches in a Christian manner. If I act in a manner otherwise, I understand I may be subject to suspension from the team for a time period of a week or more.
- Be responsible for all transportation to and from practice and games.
- Be fitted and supplied all equipment through the club's athletic supplier. I will return the helmet to the club at the end of the season. I will be responsible to supply my own cleats.
- Pay a fee of \$135 to cover the cost of equipment and instruction.

Player Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

***Return this completed application and deposit check for \$70 payable to
"Jr. Lancer Youth Football":***

- At Registration Night, **March 25th, 2010, 6:00pm @ MLHS**

OR, PRIOR TO REGISTRATION NIGHT

- Mail to: MLHS Lancer Youth Football
 attn. Scott Reinhard
 4045 Lancer Cir.
 Manitowoc, WI 54220

