



This high quality camp is for young men grades 8-12, who desire to play football and gain knowledge in this game we call life.

Join the FCA staff along with current and former St. Louis Rams players, local college coaches, and other former pro football players for 5 days of intense training and personal instruction. COME SEE HOW YOU CAN BE A



FCA Office
1400 South Highway Drive
Fenton, MO 63099

www.stlfca.org

(636)827-7100
Fax: (636)827-7111

Calling all young men!

Do you have what it takes to be ...

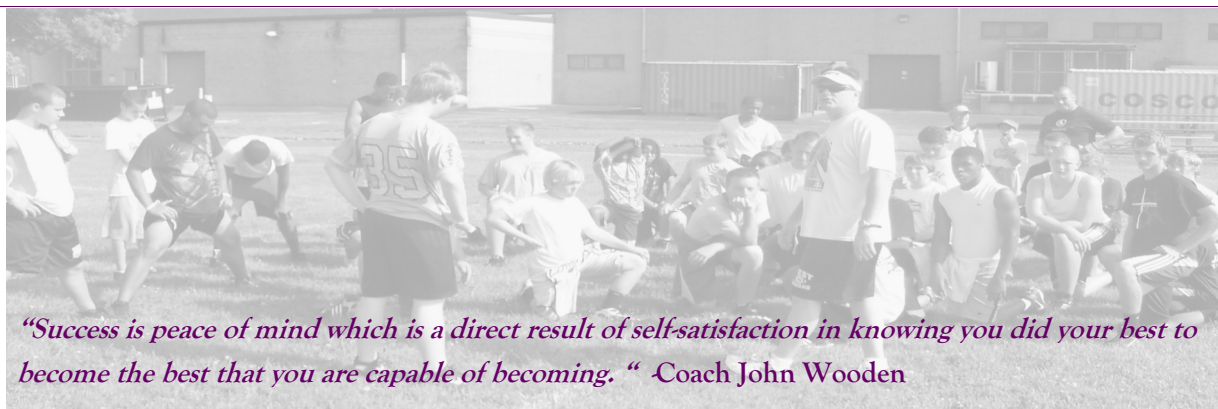


**COME TO THE
Greater St. Louis Area**

2012 Football Camp

**Fellowship of Christian Athletes
Wednesday, July 18- Friday, July 20
Young men entering grades 8-12
St. Louis Christian College**

2012 FCA Football Camp



“Success is peace of mind which is a direct result of self-satisfaction in knowing you did your best to become the best that you are capable of becoming.” Coach John Wooden

CAMP TIMES

Camp check-in begins on Wednesday, July 18th at 9:00 a.m. Camp sessions will begin at 10:00 a.m. Camp will conclude on Friday, July 20th at 5:00 p.m. Parents are invited to attend the closing ceremony. Each day, players will participate in morning and afternoon sessions with a team competition in the evening.

LOCATION

St. Louis Christian College
1360 Grandview Dr. Florissant, MO. 63033

COST

price includes: \$170 before June 1st, 180 after June 1st

- ◆ All food & lodging
- ◆ Football instruction from coaches
- ◆ Camp t-shirt, FCA Bible and materials
- ◆ Secondary insurance

WHAT TO BRING

Each camper needs to bring:

Athletic clothing for warm weather, football cleats, 2 pair tennis shoes, bedding for a twin bed, pillow, towel, toiletry items, mouthpiece and flashlight. Please DO NOT bring valuables.

TO REGISTER

Registration is available online at www.stlfca.com or you may mail this completed registration brochure to the FCA office, along with your payment.

Deadline for all registrations to be received is Friday, July 11th by 5pm.

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Please detach registration form and mail, with payment, to the FCA office.

Name: _____

School: _____

Mailing address: _____

City, State, Zip _____

Home phone: _____

Student cell: _____

Student email: _____

Birthdate: _____ Grade: _____ T-shirt size _____

Primary position: _____

Secondary position: _____

EMERGENCY CONTACT INFO:

Name: _____

Relationship to student: _____

Emergency contact phone: _____

FAMILY INSURANCE INFO:

Ins. Company Name: _____

Policy #: _____

Group #: _____

Medical concerns or allergies: _____

I authorize the administration of emergency medical treatment to the person who is subject to this form. I understand all reasonable safety precautions will be taken at all time by the Greater St. Louis FCA and the FCA will not be held liable for any accident, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) on this form immediately.

Parent/Guardian signature

Date