



S I M P S O N
STORM
FOOTBALL

SIMPSON COLLEGE

Athletic Department
701 North C Street, Indianola, IA 50125
SIMPSONATHLETICS.COM



SC
FOOTBALL

2023

**FOOTBALL
TEAM
CAMPS**



2025 CAMPS:

7-on-7: July 6

OL & DL: July 6

Team Camp #1*: July 19-20

Team Camp #2*: July 21-22

Team Camp #3*: July 23-24

Team Camp #4: July 25-26

**optional third day*

FOOTBALL CAMPS

Reed Hoskns and the Storm football staff invite you and your team to our annual summer football camps. These are full-contact, padded camps, where players and coaches have the opportunity to develop fundamentals and techniques as well as team objectives.

WHAT WILL BE PROVIDED

- Camp t-shirt
- All meals
- Practices and scrimmages on state-of-the-art field turf

PLAYERS WILL NEED

- Signed registration slip for check-in
- Payment in full if not pre-registered
- Equipment: Football cleats, shoulder pads, helmet, jersey, mouthpiece, shorts, t-shirt(s), socks, pants with football pads
- Personal items: Spending money (Storm gear will be on sale)

REGISTRATION INFORMATION

Fill out attached form and mail to:

Jason Martinez
701 North C Street
Indianola, IA 50125

Or register online at:
simpsonfootballcamps.com

To learn more, contact Jason Martinez

Office: 515-961-1719 | Cell: 517-414-1995
jason.martinez@simpson.edu

CAMP COSTS

Team Camps.....\$115 per camper
Team Camps w/3rd day \$170 per camper
7-on-7 & OL/DL\$25 per camper

Includes:

Individual instruction | Team practice | Full contact
Housing | Meals | Camp t-shirt

REGISTRATION

Register online at simpsonfootballcamps.com.

Name _____

Grade next fall _____

Address _____

City _____

State _____ Zip _____

Parents names _____

Phone _____

Position: OFF: _____ DEF: _____

Age _____ HT _____ WT _____

High School _____

Coach _____

CAMPS (check all that apply)

- 7-on-7/OL & DL (July 6) \$25 (player)
- Team Camp #1 (July 19-20) \$115 (player)
- Team Camp #2 (July 21-22) \$115 (player)
- Team Camp #3 (July 23-24) \$115 (player)
- Team Camp #4 (July 25-26) \$115 (player)

Permission of Parents

My child has permission to participate in the Simpson College football camp. I certify that my child has been examined by a doctor during the past year, cleared for playing football and is covered by our family health insurance policy. If injured, I give permission to a doctor/trainer to perform appropriate treatment. I hereby release the Simpson football camp and staff from all claims resulting in any injuries which may be sustained by my child.

Signed _____

Date _____

*Make all checks payable to the Simpson College Football Camp.
(Coaches: Make copies of registration form if necessary.)*