

June 9-12, 2025 (Mon-Thurs) * Ages 7-15

COST - \$150

This fee includes instruction, meals, a KC football and certificate. A \$50 application fee is required at time of application and is non-refundable after May 31. Balance is due by registration (Monday, June 9, 2025).

HOURS

Participants are to be dropped off each morning at the stadium from 7:30 to 8:30 a.m. and picked up between 11:45 a.m. and 12:30 p.m. each day.

FEATURES

Lectures on motivation, self-discipline, drug abuse prevention, academics and strength and conditioning. Campers will receive a Ranger football camp certificate. Professional medical athletic trainers on duty at all times. Individual instruction from the KC coaching staff.

LOCATION

Camp is held at R.E. St. John Memorial Stadium in Kilgore.

REGISTRATION

All campers will report to R.E. St. John Memorial Stadium in Kilgore from 7 to 8:30 a.m. on Monday, June 9, 2025.

OBJECTIVE

To become a great football player, each athlete must learn the fundamentals of the game.

Players will be divided into groups according to age and position, allowing individual skills to be taught. We hope to instill a burning desire to become great football players... AND HAVE FUN!

AWARDS

Each camper will receive a camp certificate. Awards will be given out daily.

INSTRUCTION

The camp will be led by head coach Willie Goodden and his assistant football coaches. The KC Football Camp is a NON-CONTACT CAMP. Our camper-to-coach ratio is very low which provides each camper quality one-on-one instruction. Emphasis for younger campers is basic skill development. For older campers, more time is spent on intermediate skills that will prepare the individual for competition.

DISCIPLINE

Any violation of camp rules or regulations could result in immediate dismissal from camp with NO refund of tuition.

To enroll: Complete the information below and mail to Destiny Foster, 1100 Broadway, Kilgore, TX, 75662. Make checks for \$150 payable to Kilgore College Football.

KC Football Camp Application

Parental Consent

I hereby authorize the directors of the Kilgore College Football Camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby grant permission for my son to participate in the camp and acknowledge that he is physically able to participate in camp activities. I hereby waive and release the school and all camp personnel from any and all liability for any injuries or illnesses incurred while at camp.

Parent or Guardian Signature: ₋	
Date:	

Insurance Company						
Policy No						
Camper's Name						
Address						
City					_ZIP	
AgeGrade (Fall 2023)						
Parent or Guardian Name						
Phone: Home	Work		Cell			
School						
Offense (Circle one)	QB		WR	TE	OL	
Defense (Circle one)	DB	OLB	ILB	DL	Kicking	

Only 125 spaces available. Copy this form if more are needed.