

# “Sharpen Your Skills” in 2011

Join a football program that...

**Trains your child for the  
Next Level of Football!**

*Sponsored by:*

Kingdom Football Ministries



# Winter 7 on 7 Football

“Coaching the  
Fundamentals of  
Faith and Football”

Matthew 6:33

## Football Training All Winter

- Program lasts 10 weeks, January-March
- M, T or TH practices in Centerville
- Friday night games in Middletown
- For athletes in grades 5 through 7
- Trains players in “skill” positions
- League format, up to six teams
- Starts January 3, 2011
- Faith based character development sessions at every practice



## Play ‘Fall Ball’ Miami Valley Wolfpack

- ⊕ For K-6th athletes
- ⊕ Grade 7-9 athletes play on 14U Dayton Falcons
- ⊕ Open to all schools
- ⊕ Plays in Butler County Football League
- ⊕ Certified coaches
- ⊕ Faith based
- ⊕ Practices and games in Dayton, some travel
- ⊕ Reg. starts April 1, ‘11
- ⊕ \$100.00 each, discounts available
- ⊕ Register at website



## Train ALL Summer With... All-City Football Camps

- ⊕ K-14U
- ⊕ Open to all athletes
- ⊕ K-6 All-Positions
- ⊕ 7-9 Line & 7 on 7
- ⊕ Certified coaches
- ⊕ Faith based
- ⊕ Starts June 1, 2011
- ⊕ Weekday nights

When sports are taught with a balanced TEAM approach then Together Everyone Achieves More. Winter 7 on 7 Football provides a healthy mix of athletic development, football specific training, spiritual enhancement, and competition, all in an advanced instructional off-season exercise program.

### Program Information

- Practices take place on carpeted gym floors at located in Centerville.
- Games take place on sports turf field at Middletown Sports Complex.
- Players play on offense and defense and compete in eight weeks of games.
- Players wear jerseys, shorts, mouthpieces and tennis shoes/cleats on game day.
- The first six registered teams are accepted, first come first serve.
- The Registration Form is located on reverse side, or at the website, hurry...register ASAP!
- Teams may register up to a 13 man roster at \$1,000 per team, sponsors welcome.
- The League Reg. Fee includes: carpeted practice site, indoor game field, two paid refs per game, and insurance.
- Games are 7 on 7, flag tackle, center not eligible.
- For more information please contact Coach Brent Coeling at 937-657-7556, coeling5@prodigy.net, www.kingdomfootball.org

**Kingdom Football Registration Form** (also at [www.kingdomfootball.org](http://www.kingdomfootball.org))

Fully complete form: Mail to Kingdom Football Ministries, 901 Watkins Glen Drive, Dayton, Ohio, 45458, or hand to Coach Brent. To secure a spot for football a 100% must be paid. Questions??? Call 937-657-7556. "All participants must be 14 years of age or younger (May not turn 15 before August 1<sup>st</sup>). I certify that: 1) I or my child have never been convicted of any sex offense nor felony; and, 2) this application is correct in every material aspect, including but not limited to the (street) address and birth date. NOTE: Required Parent/Guardian signature if member is under 18 years old."

Circle Program: Winter 7 on 7 Football (\$TBA) Summer All-City Camps (K-6<sup>th</sup>/\$12, 14U/\$14) Fall Dayton Falcons Football (\$100)  
Fall Miami Valley Wolfpack Football (\$100) Fall Miami Valley Wolfpack Cheerleading (\$60)

Date of Registration: \_\_\_\_\_ Down Payment Amount Attached: \$ \_\_\_\_\_

Participant's Name: \_\_\_\_\_

(Area Code) Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone(s): \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

**Football Complete Entire Page** ☞ **Cheerleading only completes top portion** ☞ **and sign Waiver section below** ☞

Jersey Size: \_\_\_\_\_ \*Y or A sizes? Shoe Size: \_\_\_\_\_ \*Y or A sizes?

Favorite Jersey Numbers: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ 20010/11 Grade: \_\_\_\_\_

Height (ft. & in.) \_\_\_\_\_ Weight \_\_\_\_\_

Check One: Player: \_\_\_ **OR** Coach: \_\_\_ Number of total years playing **OR** coaching full contact football: \_\_\_\_\_

Which youth football program did you play **OR** coach for in 2010? \_\_\_\_\_

Did you play **OR** coach both ways Y or N: \_\_\_\_\_ Where you a starter Y or N: \_\_\_\_\_

What was the primary offensive position you played **OR** coached in 2010? \_\_\_\_\_

What was the primary defensive position you played **OR** coached in 2010? \_\_\_\_\_

**Rank all of the positions below, 1-11, in the order that you would like to play or coach, 1 being first choice!**

Offense: Center \_\_\_\_\_ Line \_\_\_\_\_ Tight End \_\_\_\_\_ Wide Receiver \_\_\_\_\_ Running Back \_\_\_\_\_ Quarterback \_\_\_\_\_

Defense: Line \_\_\_\_\_ Def. End \_\_\_\_\_ Linebacker \_\_\_\_\_ Cornerback \_\_\_\_\_ Safety \_\_\_\_\_

What football camps do you attend? \_\_\_\_\_

Other sports: \_\_\_\_\_

What school do you attend? \_\_\_\_\_

Do you attend a faith based church, which one? \_\_\_\_\_

Please list any and all health/medical related conditions: \_\_\_\_\_

Primary person(s) providing transportation: \_\_\_\_\_

Emergency contact person and telephone: \_\_\_\_\_

Any additional information? \_\_\_\_\_

Commitment: "I am not participating in another program that interferes with the practice times or games of this Kingdom Football program."

Is this statement: True \_\_\_\_\_ **OR** False \_\_\_\_\_

**WAIVER FORM**

The undersigned, being the custodial parents/legal guardians for the above named participant, hereby releases and waives any and all claims, losses, damages, injuries to person or property, expense, cause of action or cost named participant has, had or may have in the future have against Kingdom Football Ministries, its employees, agents, and all activity sponsors arising from or relating to participant's participation in, and/or the conduct of, the activity. The undersigned also hereby authorizes the directors/staff of the activity to act according to their best judgment in seeking and obtaining medical care and treatment for the above named participant.

Parents Signature: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_