

HEAD COACH FORM
"IN IT TO WIN IT"

What is needed for this team camp: All football equipment including helmet, shoulder pads, practice jersey, practice pants, hip pads, tail pads, thigh pads, knee pads, mouthpiece, cleats, t-shirts and shorts. Coaches please bring football equipment, footballs and medical equipment. Please bring colored jerseys or vests.

The **EPIC FOOTBALL CAMP Football Schedule** will be handed out prior to the camp listing the activities for the session as coordinated by the advising coaches.

EPIC FOOTBALL CAMP will lease facilities as required by the hosting school district. This camp is a one day commercial team camp through Head Coach Jeremy Epp and Scott Trimble. Please Contact Jeremy Epp at 308-520-0259 or Scott Trimble at 308-764-9994 for more information on this commercial camp or by email epicfootballcamps@gmail.com.

Warning: The purpose of the warning is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may range from minor cuts, bruises, sprains, and muscle strains to more serious to the body bones, joints, ligaments, tendons, and muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death.

Head Coach Pre-Registration Form
EMAIL TO: EPICFOOTBALLCAMPS@GMAIL.COM

Head Coach Name:_____ School:_____

Cell Phone:_____ _____ Email: _____

Check one: 11-Man: _____ 9-Man: _____8-Man: _____ 6-Man:_____

Check Camp(s) to Attend:

JUNE CAMPS

____18 Potter, NE (6)
____24 HARVARD, NE (6/8)
____25 DUNNING, NE (8)
____26 CAMBRIDGE, NE (8)
____27 PEETZ, CO (6/8)

JULY CAMPS

____8 LANGDON, KS (6/8)
____9 OSMOND, NE (8)
____10 CLYDE, KS (6/8)
____15 NORTH BEND, NE (11)
____17 KEARNEY (11)

Approximate number of student athletes attending camp(s) _____

Number of Coaches Attending:_____ Shirt sizes for coaches: ____SM ____M ____LG ____XL ____2XL ____3XL

EPIC FOOTBALL CAMPS 2026, LLC

Instructions:

1. Have Student Athletes Complete both policies dealing with waivers and registration
2. Make checks payable to **EPIC FOOTBALL CAMP** in the amount of $70.00 per player.
    - DISCOUNT OPTIONS: only apply to TEAM CAMPS
        i. Pre-register for 1 camp at $70.00 per player. Pre-Register a second camp at $60.00 per player or $130.00 total. Pre-register a third camp at $50.00 per player or $180.00 total.
        ii. 1 Camp = $70 2 Camps = $130 3 Camps = $180
        iii. Pre-registration is IMPORTANT. Spots may be limited after pre-registration date or after camps have begun. ONE shirt will be given with the full-price registration and no shirt for additional registrations.
3. **Return information above by email or mail** to Epic Football Camps
4. Deadline: Please have registrations and money in the mail by MAY 20th for June Camps & JUNE 15 for July camps. (all money and student waivers should be sent to Jeremy Epp)
5. **Address: Epic Football Camps: Jeremy Epp, PO BOX 617, Alma NE 68920**
6. Example of medical release and waiver is found below (all athletes must complete and sign before participating)
7. Please make copies of Registration to hand out to all participants.
8. Please email if you have questions.
9. Full Contact Camp with Practice time then Scrimmages (rotations with 3 teams) with Competitions added.
10. This is a commercial camp so Practice time is limited (please have your teams offense and defense installed)
11. Informative Outline WILL BE GIVEN OUT THE DAY OF THE CAMP to the head coach.
12. Coaches please bring FB equipment, footballs and medical equipment. Please bring colored jerseys, helmet covers or vests.
13. Remind players to choose the proper shirt size. As part of the discount players only receive one shirt per registration.
14. ANY TEAM REGISTRATIONS not received 10 DAYS before the camp dates are considered late and registration per camper is NOW $80 dollars per player. Registrations the day of the camp are difficult with catering, t-shirts, insurance, teams and competitions, etc. Please respond quickly and get registration in the mail and on time.
15. Students who register later with team are still at regular price as long as the WHOLE team was sent by the correct deadline.
16. Registration covers all necessary insurance, the noon meal, t-shirt, training staff and referees!



Student Athlete Form
"IN IT TO WIN IT"

Please **pre-register** your team through your high school 6-man, 8-man or 11-man head football coach. Return this form promptly to your head coach and staple a check to this form for $70 to EPIC FOOTBALL CAMPS.

1 Camp = $70 2 Camps = $130 3 Camps = $180

What you will need for this team camp: All football equipment including helmet, shoulder pads, practice jersey, practice pants, hip pads, tail pads, thigh pads, knee pads, mouthpiece, cleats, t-shirts and shorts.

The **EPIC FOOTBALL CAMP Football Schedule** will be emailed to your coach for June coordinated by the advising coaches. Multiple facilities will be rented and be hosting the **EPIC FOOTBALL CAMPS**. This camp is a one day commercial team camp through Head Coach Jeremy Epp and Scott Trimble. Please Contact us at 308-520-0259 or 308-764-9994 for more information on this commercial camp or by email: epicfootballcamps@gmail.com.

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Please retain this copy for your records.

EPIC FOOTBALL CAMPS 2026, LLC

Student Athlete Pre-Registration Form EPIC TEAM CAMP

Name:_____ Grade: _____

Address: _____ School: _____

City: _____ Phone: _____

Check one of the following: 11-Man: _____ 8-Man: _____ 6-Man: _____

Circle T-shirt size: SM MED LG XL 2XL 3XL

Check Camp(s) to Attend:

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____10 CLYDE, KS (6/8)
____15 NORTH BEND, NE (11)
____17 KEARNEY (11)

Instructions:

1. Student Athletes must complete policies below dealing with waivers, medical, and registration
2. Make checks payable to **EPIC FOOTBALL CAMP** 1 Camp = $70 2 Camps = $130 3 Camps = $180
3. Return information signed and ready for your high school football coach.
4. Deadline: Please give forms to your coach by the end of school. Forms must be mailed by May 25th
5. Please **SIGN BELOW BOTH PARENT AND PLAYER,** have BOTH parents sign when possible.

MEDICAL RELEASE AND WAIVER

_____ and his/her parents or guardians hereby release the Local High School System and Epic Football Camps from all claims which may result from injuries, serious illness, infectious disease occurring while the above stated is participating in the Football Camps. I hereby certify that _____ is physically fit to participate in the full contact football. I know of no physical impairments which would in any manner limit his participant in such a program and my child has been given and passed a sports physical as required by the NSAA SDSAA IHSAA CHSAA KHSAA WYSAA MHSHL within the past 12 months.

ADDITIONAL MEDICAL RELEASE

We, the undersigned parents and guardians of _____ a minor, do hereby authorize the directors and coaches of the Epic Football Camps to select hospital facilities and, or a physician and authorize treatment of the above player on an emergency basis in the event such treatment becomes necessary as a result of the participation in the Camp. We hereby grant permission for him to participate and acknowledge the fact that he is physically able to participate in these Camp activities.

Parent/Guardian Signature _____

Athlete's Signature _____

Please complete the medical release and waiver information before handing it in to your head coach.

EPIC FOOTBALL CAMPS 2026, LLC