



# Galesburg Silver Streaks Football Camps Summer 2025



**Who:** Any athlete entering the grades listed below for the 2025-2026 school year

**What:** The Silver Streaks Football Camp will be directed by Coach Hickey and his high school staff and players.

**Why:** To give players individual skills for both offense and defense.

**Where:** F & M Bank Stadium at Van Dyke Field- Galesburg High School

**When:**

Dates	7th Grade	8th Grade	High School
Monday, July 21st	5:30-7 pm	5:30-7 pm	7-10 am
Tuesday, July 22nd	5:30-7 pm	5:30-7 pm	7-10:45 am Speed School
Wednesday, July 23rd	5:30-7 pm	5:30-7 pm	None
Thursday, July 24th	5:30-7 pm	5:30-7 pm	7-10:45 am Speed School
Friday, July 25th	5:30-7 pm	5:30-7 pm	7-10 am
Monday, July 28th	5:30-7 pm	5:30-7 pm	7-10 am
Tuesday, July 29th	5:30-7 pm	5:30-7 pm	7-10:45 am Speed School
Wednesday, July 30th	5:30-7 pm	5:30-7 pm	None
Thursday, July 31th	5:30-7 pm	5:30-7 pm	7-10:45 am Speed School
Friday, August 1st	5:30-7 pm	5:30-7 pm	Weights 9-10 am Camp 7-9 pm

**Cost:** \$40 for 1st child/\$25 for each additional sibling (Can use one form for all children)

**Attire:** Shorts, t-shirt, football cleats or gym shoes

**Contact:** If you have any questions, email Coach Hickey- shickey@galesburg205.org

## Silver Streaks Football Camp Registration Form

Player Name(s): \_\_\_\_\_

Grade(s) in 2025-2026: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Phone Number During Camp Hours: \_\_\_\_\_

Alternate Phone During Camp: \_\_\_\_\_

Camp Shirt Size: \_\_\_\_YS \_\_\_\_YM \_\_\_\_YL \_\_\_\_AS \_\_\_\_AM \_\_\_\_AL \_\_\_\_AXL \_\_\_\_AXXL (For campers only)

Make Checks Payable to:  
GABC Football  
Prior to: July 7th for shirt or  
Walk-up accepted, delayed shirt

Mail Registration and Payment to:  
Silver Streaks Football  
Galesburg High School  
1135 W. Fremont St.  
Galesburg, IL 61401

\*\*My child has permission to attend the Galesburg High School Football Camp. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in the camp. I authorize the staff to act for me to obtain medical treatment should an emergency arise. I specifically waive, give up and release the Galesburg Football Camp, its staff, Galesburg High School and District #205 from liability for any claim for damages resulting from injuries my player may sustain at the camp.\*\*

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_