

# **1st & Goal Football Camp**

## **Instructional Youth Football Camp**

**Monday, June 28<sup>th</sup> – Friday, July 2<sup>nd</sup>**

**Wilson Farm Park**

**9 am- 12 pm**

This camp is for all children ranging from grades 1<sup>st</sup> - 8<sup>th</sup> (going into 1<sup>st</sup> grade/ going into 8<sup>th</sup> grade in Fall 2010). Campers with no formal background in football will learn technique, terminology, and positioning on the football field. Campers who have played organized football will work on increasing their technique and skill through drills and games. All campers will experience success on the football field in a fun and friendly environment with the help of current Conestoga High School football coaches and counselors.

- ❑ **Our week long camp will be held Monday, June 28<sup>th</sup> – Friday, July 2<sup>nd</sup> (9 am-12 pm) at Wilson Farm Park, located behind Chesterbrook Shopping Center.**
- ❑ **Through organized drills and games, campers will enjoy football and the team building aspect that the sport provides.**
- ❑ **Guest speakers ranging from current college players to professionals will talk with campers about the aspect of hard work and dedication.**

**Children who enroll should bring cleats, a water bottle, and sun screen. We will provide popsicle and water breaks.**

### ***Why you should attend:***

- ◆ **Instruction provided by current Conestoga High School coaches, players, and former players will help children improve and learn the game of football.**
  - ◆ **Drills and games for campers of every size and ability**
  - ◆ **Affordable alternative to expensive all day camps**
  - ◆ **Physical activity in a comfortable stress free environment**
- ◆ **Learn the techniques that are expected at the high school level**

**Registration forms may be returned starting February 22<sup>nd</sup>, 2010. The deadline/cut-off date for sign up is June 21<sup>st</sup>, 2010.** Families are encouraged to sign up as soon as possible. **1<sup>st</sup> and Goal Football Camp Registration forms with signed permission slip and payment in full can be mailed to: 1<sup>st</sup> and Goal Football Camp, 6 Frazer Ave, Malvern Pa 19355.** Space is limited and strictly a “first come first serve” basis. Questions may be directed to Mr. Matt Diamond (484 318 7475), Dante Coles (610 476 4038), or Chris Gicking (484 358 4312)

**1<sup>st</sup> and Goal Football Camp Registration Form and Permission Slip**  
(A confirmation/receipt will be sent to you via email)

Please make checks payable to "1<sup>st</sup> & Goal Football Camp, LLC.

**Cost:**

- One week/June 28<sup>th</sup>–July 2<sup>nd</sup>/ 9am – 12pm = \$160
- If you can not attend the entire session then **CIRCLE** the days you wish to attend.
- PLEASE NOTE: The cost of an individual day is \$35. Campers who sign up for the entire week receive a reduced price of \$160.

Full Session: June 28<sup>th</sup> - July 2<sup>nd</sup> (**\$160**)

Monday, Tuesday, Wednesday, Thursday, Friday (**\$35 per Day**)

Total Full Sessions Cost = \$ \_\_\_\_\_  
(cost per student for full week sessions)

Total Days \_\_\_\_\_ @ **\$35 per Day** = \$ \_\_\_\_\_  
(cost per student if **not** attending the full week session)

**Total Amount Enclosed: \$ \_\_\_\_\_ Checks payable to "1<sup>st</sup> & Goal Football Camp, LLC"**

Student Name(s) (**Please Print**): 1. \_\_\_\_\_

2. \_\_\_\_\_

Current Grade (2010-2011 school year): \_\_\_\_\_

Current Position Camper would like to practice (if known) \_\_\_\_\_

**Waiver:**

*I wish to have my child participate in 1st & Goal Football Camp, LLC.. I recognize that risk of accident and/or injury are possible consequences of participation in any activity. I also understand that severe injuries are possible. I appreciate the character of the risks involved and I voluntarily assume all risk of injury. In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of employees of The 1st & Goal Football Camp LLC, Wilson Park, and the Tredyffrin Easttown Township Parks and Recreation of any and all of the foregoing, pertaining or related to, or arising from, in any manner, injuries to my child as a result of participation in this activity.*

Parent/Guardian Name (**Please Print**): \_\_\_\_\_

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

Phone number \_\_\_\_\_ Cell number \_\_\_\_\_

Emergency Contact name and number \_\_\_\_\_

Email address for confirmation/receipt: \_\_\_\_\_

Any pertinent health information (asthma, allergies, etc): \_\_\_\_\_

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