

Athlete's Name: _____
Address: _____
City: _____
State/Zip: _____
School: _____
Phone: _____

Grade Level in Fall 2017: _____
Shirt Size: (Circle One) Small, Medium, Large, X-Large, XX-Large

"Football is a great deal like life in that it teaches that work, sacrifice, perseverance, competitive drive, selflessness and respect for authority is the price that each and every one of us must pay to achieve any goal that is worthwhile."

Vince Lombardi

HORSEHEADS VARSITY "H"



Football
Summer Camp
June 26 — 29, 2017
4 PM — 6:30 PM

This camp will be beneficial to those wishing to try out for **JV or Varsity** this year. You will begin to learn our practice format, terminology, offense, defense, and will see demonstrations by experienced coaches.

Camp Dates and Times

Camp Dates: *June 26 — June 29, 2017*

Camp Times: *4pm—6:30pm*

Location: *Horseheads High School Football Complex*

Equipment: *Shorts, T-shirt, athletic socks and cleats*

Coaching Staff

Coach Hillman —Varsity Head Coach

Coach Clark —Varsity Asst. Coach

Coach Condon —Varsity Asst. Coach

Coach Malnoske—JV Head Coach

Coach Scott—JV Assistant Coach

Coach Reed— Assistant Coach

Coach Warrick—Str. & Cond. Coach

CAMP GOALS

1. To learn offensive terminology and skills
2. To learn defensive terminology and skills
3. To learn drills that will be used in season
4. To learn football techniques used in any program
5. To understand the effort required in football and in all life activities

CAMP REGISTRATION

Cut and and Complete Authorization
Form both sides

Mail registration form to:

HHS Athletic Department

Attention Football Summer Camp

Horseheads Central Schools

1 Raider Lane

Horseheads, NY 14845

Registration: \$85.00

Make Check Payable to:

Horseheads Varsity H

****BRING CHECK TO FIRST DAY**

We the undersigned parents or guardians of _____, a minor, do hereby authorize the directors of the Horseheads Varsity "H" Football Conditioning Camp, or their designee, to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event treatment becomes necessary during this sports camp. We hereby grant permission to participate in the camp program, and acknowledge that the camper named is physically fit to participate in ALL camp activities. The athlete will obey all school district rules and regulations or be subject to dismissal from the program and be sent home immediately. The signature of the parent or guardian acknowledge their willingness to enroll the child in the Horseheads Varsity "H" Club Summer Sports Camp Program under the circumstances stated above. The signature of the parent or guardian relieves the Horseheads Varsity "H" Club, the Horseheads Central School District, and their delegated representatives from any all financial responsibilities.

Parent/Guardian: _____

Signature: _____

Date Signed: _____

Home Phone: _____

Work Phone: _____

Physician (optional): _____ Emergency Contact: _____

PLEASE PRINT