

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

Grade Level in Fall 2017: _____

Shirt Size: (Circle One) YS, YM, YL, YX- AS, AM, AL, AXL

"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 use must pay to achieve any goal that is worthwhile."

Vince Lombardi

HORSEHEADS VARSITY "H" YOUTH FOOTBALL CAMP



**June 26—29, 2017
Small Fry / Modified Level
(Grades 3—8)
1:00pm—3:00pm**

**SPONSORED BY:
HHS VARSITY "H"
Horseheads Central School
Athletic Office
One Raider Lane
Horseheads, NY 14845
(607) 739-5601 ext. 4254**

GENERAL CAMP INFO

CAMP DATE: June 26—29, 2017

CAMP TIME: 1:00pm—3:00 pm

CAMP LOCATION: Horseheads
High School Football Complex

RECOMMENDED EQUIPMENT:

Shorts, T-shirt, athletic socks and cleats (or sneakers)

REGISTRATION FEE: \$85.00

(This includes Camp T-shirt)

Make checks payable to:

Horseheads Varsity "H"

****BRING CHECK THE FIRST DAY
OF CAMP**

CAMP GOALS

1. To learn offensive terminology and skills
2. To learn defensive terminology and skills
3. To learn basic fundamental drills and techniques to improve each participants skill set
4. To understand the effort required in football and in all life activities
5. Finally and most importantly,
TO HAVE FUN!!

COACHING STAFF

Coach Hillman: Head Varsity Football Coach

Coach Malloy: Head Modified Football Coach

Coach Jacobs : Assistant Modified Football Coach

****As well as many Horseheads Varsity Football Players****

GENERAL CAMP SCHEDULE

1. Daily Attendance
2. Warm up
3. Offensive Fundamentals
4. Defensive Fundamentals
5. Skills Competitions for daily prizes
6. Practice with Coaches
7. 7 on 7 Games (1 hand touch)

*****Modified athletes may work separately to install concepts for upcoming season*****

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: _____ PLEASE PRINT

Signature: _____

Date Signed: _____

Home Phone: _____

Work Phone: _____

Physician (optional): _____ Emergency Contact: _____