

C**COLUMBIA HIGH SCHOOL FOOTBALL****C****4 DAY YOUTH CAMP / JULY 15th thru JULY 18th
FOR ALL POP WARNER AND JR BLUE DEVILS MEMBERS**

CAMP MISSION: TO PROVIDE A SAFE AND ENJOYABLE ENVIRONMENT FOR ALL PARTICIPANTS TO LEARN TO FUNDAMENTALS OF FOOTBALL. THE CAMP WILL INCLUDE; SPEED AND FLEXIBILITY TRAINING, POSITION, GROUP AND TEAM DRILLS IN A NON-COMPETITIVE ENVIRONMENT.

DATES: JULY 15th THROUGH JULY 18th. **TIME:** 5:45 PM TO 7:30 PM.
*WE WILL START PROMPLY AT 6 PM.

PARTICIPANTS: OFFERED TO ALL EAST GREENBUSH RESIDENTS AGES 7 TO 13 WHO ARE REGISTERED OR WHO WILL BE REGISTERING FOR JR BLUE DEVILS OR POP WARNER FOOTBALL.

LOCATION: COLUMBIA HIGH SCHOOL TURF FIELD

REQUIRED EQUIPMENT: SHORTS, TEE SHIRT, CLEATS OR SNEAKERS, WATER.
(THIS IS A NON-CONTACT CAMP)

COST: \$30 (TO COVER THE COST OF TEE-SHIRTS AND CAMP-END PIZZA PARTY)

STAFF: CAMP DIRECTOR – BOB TREACY HEAD FOOTBALL COACH COLUMBIA HS
CAMP INSTRUCTORS: COLUMBIA HS COACHING STAFF AND VARSITY PLAYERS

CONTACT INFORMATION: BOB TREACY btrace@nycap.rr.com (518) 588-5884

PLEASE RETURN THE ATTACHED REGISTRATION FORM AND A CHECK FOR \$30 BY JULY 3rd. **(NO WALK UPS)**
(MAKE CHECKS PAYABLE TO: BOB TREACY and mail to:
BOB TREACY 621 2nd AVE, WATERVLIET NY 12189)
REG FORMS & CHECKS MUST BE RECEIVED BY JULY 10

CHILD'S NAME: _____

SHIRT SIZE: YOUTH S, M, L. ADULT: M, L (CIRCLE ONE)

2018-19 GRADE: _____ AGE: _____ DOB: _____

PARENTS NAME: _____

PARENTS CELL PHONE #: _____

ANY HEALTH CONCERNS: _____

AS A PARENT OR GUARDIAN, I GIVE THE CHILD NAMED ABOVE PERMISSION TO ATTEND & PARTICIPATE IN THE COLUMBIA HS YOUTH CAMP. I VERIFY THAT THE CHILD LISTED ABOVE IS PHYSICALLY ABLE TO PARTICIPATE IN THE ACTIVITIES AT THE CAMP. I ALSO UNDERSTAND THAT COLUMBIA HIGH SCHOOL, THE EAST THE EAST GREENBUSH SCHOOL DISTRICT AND ALL COACHES AND INSTRUCTORS WILL NOT BE HELD RESPONSIBLE FOR INJURIES OR LOST OF PERSONAL PROPERTY.

PARENT SIGNATURE: _____

DATE: _____