



GIRLS FLAG FOOTBALL CAMP

July 13th-July 16th
6:30-8:00 PM

Columbia High School Turf Field
962 Luther Road
East Greenbush, NY 12061



- **Incoming grades 7-12**
- **Flag Football Skills & Drills**
- **Focus on Game Fundamentals**
- **Team & Individual Development**

\$75 camp fee (cash or check made out to Friends of the Blue Gridiron) and registration form due by June 22nd.

Camp Director: Craig Cavotta

Registration Information:
<https://egcsd.org/summercamps/>





Girls Flag Football Camp

Grades 7-12



Monday, July 13 - Thursday, July 16, 2026
6:30 - 8:00 pm
Turf Field @ Columbia High School

What is being offered?

- Flag Football skills and drills
- Focus on fundamentals of the game
- Team and individual development

Who?

- Run by the Columbia Girls Flag Football coaching staff

Camp Director: Craig Cavotta

Questions: cavottath@egcsd.org

\$75.00 Cash or Check due no later than June 22, 2026
 Checks Made out to: ***Friends of Blue Gridiron***

Please cut on the dotted line below, fill out the information, and mail with Cash or Check.

Parent Name: _____
 Parent email: _____
 Parent Phone #: _____
 Child name: _____
 Grade entering in September: _____

Please circle one t-shirt size:

YS YM YL YXL S M L XL Other _____

*Mail to: Craig Cavotta
 15 Camber Ct.
 Mechanicville, NY 12118*

By signing below and submitting this application I affirm that my son/daughter is physically fit to participate in strenuous physical activity and I know of no medical reason prohibiting my child from participating in the Flag Football Youth Camp. I understand that personal injury insurance is not included in the camp fee and I waive the Flag Football Youth Camp, its officers, employees and property owners of any and all responsibility for injury or illness. My child is covered by health insurance by the policy listed below. I also understand that my signature grants the Flag Football Youth Camp Staff my full approval to have my son/daughter treated according to the staff's best judgment in the case of an emergency or injury.

Health Insurance Provider: _____

Policy #: _____

Allergies/Medications: _____

Parent or Guardian Signature: _____