

# FLAG FOOTBALL YOUTH CAMP

The 2026 Girls Flag Football team is running a youth camp for athletes going into grades K-6.

**JULY 13-16**

- ✓ Flag Football Skills & Drills
- ✓ Game Fundamentals



## YOUTH CAMP

Grades K-6

5:00-6:00 PM

\$60 camp fee (cash or check made out to Friends of The Blue Gridiron) and registration form due by June 22nd.

## COLUMBIA HIGH SCHOOL TURF FIELD

962 Luther Road East Greenbush, NY 12061

### Registration Information:

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

Camp Director: Craig Cavotta

[Cavottath@egcsd.org](mailto:Cavottath@egcsd.org)



# Youth Flag Football Camp All Students Grades K - 6



**Monday, July 13- Thursday, July 16, 2026**  
**5:00 - 6:00 pm**  
**Columbia Turf Field**

**What is being offered?**

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

Camp Director: Craig Cavotta  
Questions: [cavottath@egcsd.org](mailto:cavottath@egcsd.org)

**Who?**

- Run by the 2026 Columbia Girls Flag Football coaching staff and assisted by the players

\$60.00 Cash or Check due no later than June 22, 2026  
Checks made out to: Friends of the Blue Gridiron

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

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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:** \_\_\_\_\_