5th ANNUAL
GRIDIRON
FOOTBALL CAMP

June 27th to July 1st
5:30 p.m. to 8:30 p.m.
Full Contact Camp

Lasser Field – Station Road
Washingtonville, NY 10992
**Camp Philosophy:**
The goal of the Gridiron Football Camp is to give campers the chance to improve their individual skills as a player, while learning to appreciate the great game of football. Daily demonstrations, drill sessions, and game situational play will be presented under the direction of the Gridiron Football Camp staff, which will include expert college, as well as, high school coaches. This football experience is designed to meet the player's individual needs at a particular position, while in a team setting. Insuring both individual and team success.

**Player Eligibility:**
Any students entering grades 9 through 12 in the fall of 2015 are eligible. We welcome beginners to the game of football, as well as experienced players.

**The $110.00 camp cost includes:**
Instruction by College & H.S. Coaches at offensive & defensive positions
Gridiron Football Camp T-shirt
Team Inside Run Periods
Team 7-on-7 Passing Periods
Instruction in proper tackling tech.
Officiated Game Scrimmages

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**All registrations and fees ($110.00), are non-refundable, and are due by June 15th, 2015.**

Please make checks payable to:
Washingtonville Touchdown Club
Give Payment & Registration directly to your Head Coach or mail to:
Washingtonville Touchdown Club
P.O. Box 447
Washingtonville, NY 10992

*Do not bring any valuables, Gridiron Football Camp will not be responsible for any lost, or stolen, items!*

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**Registration:**

Return directly to your Head Coach or mail to:
Washingtonville Touchdown Club
P.O. Box 447, Washingtonville, NY 10992

Player Name:_________________________ Age:__________

Home Address:_________________________ T-Shirt Size:_____

_________________________ Gr. in fall of 2015:_____

Home Phone #:_________________ High School:__________

I certify that the individual named above is in good physical condition, and is capable of taking part in all Gridiron Football Camp activities, including full contact game situations. If medical attention beyond first-aid treatment is required, I understand that every attempt will be made to contact me at the emergency number provided. If contact with me is not possible, I give my permission for medical treatment to be administered.

Parent/Guardian Signature:_________________ Date:______

Emergency Phone Number(s):____________________________

I the parent/guardian of_________________________give my permission to have him/her participate in the Gridiron Football Camp. I assume all risks and hazards incidental to such participation including transportation to and from the camp, and I do hereby waive, release, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my son/daughter, to the extent and in the amount covered by accident or liability insurance. I also understand that it is my responsibility to notify the coach of any medical or physical condition that could limit my child’s participation or that requires special attention.

Parent/Guardian Signature:_________________ Date:______

It is the applicant’s responsibility to pay for his/her own medical insurance coverage. The applicant herein acknowledges the above, and releases the Gridiron Football Camp and Staff from any, and all, liability for medical expenses incurred due to injury from this activity.

Parent/Guardian Signature:_________________ Date:______

Primary Insurance:_________________________________________

Policy Number:___________________________________________