

Mid Hudson FOOTBALL CAMP 2008



**Greenvale Park
Route 376 Poughkeepsie**

Camp is 5 Sessions

YOUTH CAMP

GRADES 2-8

Saturday, July 26 – 10:00 to Noon

Sunday, July 27 – 10:00 to Noon

July 28, 29, 30 – 6:00 to 8:00 P.M.

AIMS OF THE YOUTH CAMP

The aims of the Youth Camp are to teach and develop basic football skills including stance, alignment, blocking, tackling and body control. Each youngster will be taught the basics of carrying, catching and kicking the football. Each athlete will also be introduced to each of the offensive and defensive positions. In addition, each youngster will be encouraged to have FUN.

DEADLINE

Application is due by:

Friday, July 18, 2008

Mail registration form to:

William Dillon

P.O. Box 442

Hyde Park, NY 12538

Equipment

Each camper should have proper footwear, helmet, shoulder pads, T-shirt, shorts and a mouthpiece. (Equipment should be provided by your youth program.)

COST \$150.00

Make check payable to:

Mid Hudson Football Camp

FOR FURTHER INFORMATION CONTACT

John Biasotti (845) 635-9859

Brian Tervenski (845) 452-7723

COMPLETE AND DETACH THE FOLLOWING REGISTRATION FORM

REGISTRATION FORM:

YOUTH CAMP \$150.00

Make check payable to: **MID HUDSON FOOTBALL CAMP**

Non-Refundable Deposit: \$50.00

Deposit \$ _____ Balance Due \$ _____ Check No. _____

Print: Name _____ Tel. No. _____

Address _____
_____ Zip _____

School: _____ Grade Next Fall _____ Age _____

Name of Organization _____

T-Shirt Size: YS YM YL YXL (Circle ONLY ONE)

Mid Hudson Football Camp

Please enroll my child in the Mid Hudson Football Camp

I understand the risks and liabilities involved with the game of football and I understand that the Mid Hudson Football Camp Staff or anyone associated with the camp will not assume responsibility for accidents incurred as a result of participation at the camp. Furthermore, the applicant is covered by family insurance, is in good health and is able to participate in physical activity. My signature below authorizes the Camp Staff to use their best judgment in case of any emergency situation requiring medical attention.

Parent or Guardian Signature

Date

Please Print - Emergency Name

Telephone Number

Mail Registration Form to: **William Dillon**

P.O. Box 442

Hyde Park, NY 12538