

## CAMP PROGRAM

The purpose of the camp is to assist young people in improving their football skills and developing proper playing habits. Working with other players and the meaning of teamwork and sportsmanship will be stressed as important athletic values.

The camp staff will be giving instruction in basic football skills such as: blocking, tackling, running and other football related skills. Daily sessions will include drills to help players correct faults and/or perfect the skills they are trying to develop.

## DATES

July 16- July 19th

## TIME

5:00 pm - 8:30 pm

## AGES

Open to all players that will be in Grades 6 - 9 in September 2007.

## COST

\$60 (Please make checks payable to: Colonial Forge Football)

## REGISTRATION TIME

4:00 - 5:00 pm, July 16, 2007.  
Have forms filled out before arrival!

## CAMP STAFF

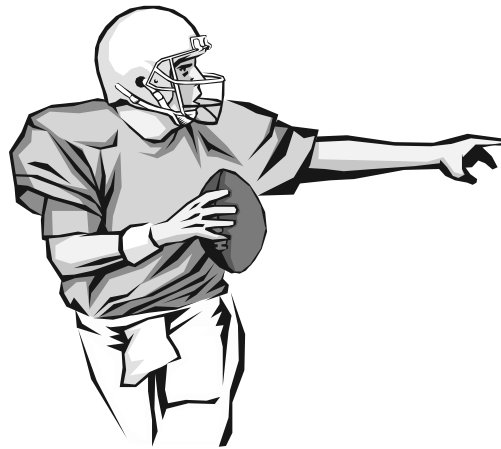
- ❖ Bill Brown and Colonial Forge Football Coaches
- ❖ Varsity Football Players

## ITEMS TO BRING

- ❖ Football cleats
- ❖ Athletic socks
- ❖ Towel
- ❖ Shorts and T-shirt will be what is needed to work-out in

## RULES

Campers will not be permitted to leave the school campus during the session, unless released to a parent/guardian and signed out with the camp director. Use of tobacco products, illegal drugs and/or alcoholic beverages will result in dismissal from camp without a refund of the camp registration fee.



## CAMP REGISTRATION FORM

Camper's Name: \_\_\_\_\_

Camper's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: Home \_\_\_\_\_

Work \_\_\_\_\_

Camper's Age: \_\_\_\_\_

Camper's Grade as of  
September, 2007: \_\_\_\_\_

School Attending: \_\_\_\_\_

T-shirt size: (Adult) Circle one: S M L XL

## EMERGENCY INFORMATION

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
\_\_\_\_\_

Please make all checks payable to:  
Colonial Forge High School Football

Please send Registration Form & Fees to:  
Bill Brown  
Head Football Coach/Camp  
550 Courthouse Road  
Stafford, VA 22554

Phone: 540-658-6115

Fax: 540-658-6120

INSURANCE & MEDICAL WAIVER FORM

Medical Information:

Any health conditions that the Colonial Forge High School Football Camp Staff should be aware of:

(Circle, which applies) YES NO

If so, please explain: \_\_\_\_\_

Family Health Insurance:

Company Name:

I hereby authorize any actions, which may be advised/recommended by an athletic trainer, physician or other health care provider attending my child during the camp. I acknowledge that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with this camp. I agree to indemnify and hold harmless Colonial Forge High School Football Staff and administration from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. I also give the Colonial Forge High School Football Program permission to utilize any photograph of my child for promotional use. I also understand that my child must abide by the camp/high school rules, regulations, and the code of conduct developed for this camp. I also understand that my child's failure to adhere to the rules, regulations, and code of conduct my result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent or Guardian Signature:



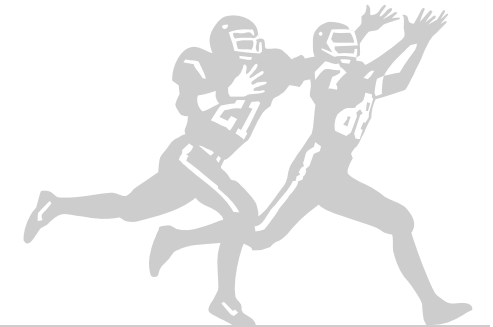
Colonial Forge High  
School

550 Courthouse Road  
Stafford, VA 22554

Phone: 540-658-6115  
Fax: 540-658-6120

COLONIAL FORGE  
HIGH SCHOOL

2007 Eagles  
Football Camp



DATE:

July 16-19, 2007

TIME:

5:00 PM – 8:30 PM

At

Colonial Forge High School