

CAMP OBJECTIVE

This camp is designed to emphasize improvement of fundamentals and techniques related to each camper's position and skill level. Campers will be coached in offensive, defensive skills as well as speed and agility techniques.

We strive to give our younger campers a solid well-rounded curriculum that allows opportunities for participation with a variety of positions and skills.

Particular attention is given toward increasing the self-esteem and psychological development of each camper. Our goal is for each camper to have a safe and positive experience. We stress individual attention, improving skill level, and having an enjoyable week!

Campers are under district policies while attending the camp. **Failure to follow these policies may result in dismissal from camp by the staff.**

11:45	Check-In
12:00-12:30	Warm-Up
12:30-1:30	Offensive Skills
12:30-12:45	Break
12:45-1:45	Defensive Skills
1:45-2:45	Games
3:00	Parent Pick Up

Cost

Youth CAMPER.....\$65
Includes instruction, daily snack and t-shirt.

\$40.00 deposit is required by July 6, 2009 and is

non-refundable after that time.

Full payment is due at camp registration.

**We will accept walk-up registration on the first day of camp with an additional \$5 fee.

Make Checks Payable To:

Lou Cerro

Mail Payment To:

Lou Cerro

223 Clever Road

McKees Rocks, PA 15136

FOR MORE INFORMATION CALL

Lou Cerro at 412-490-6500

Ext:1637

2009 Spartan Football Camp

Dates: July 13 and 14

Time: 12-3:00p.m.

Location: Montour High School



Grades 3 –8

Featuring: Lou Cerro, Staff, and current and past Spartans

Parent Release, Medical Treatment Authorization And Health Statement

CAMPER'S NAME _____

PARENT OR GUARDIAN NAME
(PLEASE PRINT)

RELATION TO CAMPER

ADDRESS

PHONE: Daytime

MEDICAL INSURANCE CO.

POLICY NO.

Please list any medical conditions or allergies that the camper might have of which the medical authorities should be aware in order to administer medical treatment:

EMERGENCY CONTACT NAME : _____
EMERGENCY CONTACT PHONE # _____

I hereby authorize and give my consent to the Health Authorities of Montour High School and directors of the Spartan Football Camp, the Athletic Training Staff or any licensed physician to perform upon or administer to
NAME OF PARTICIPANT (PRINT) _____

any reasonably necessary medical or surgical treatment and to act for me according to their best judgment in any emergency requiring medical attention. In the event of indicated major surgery, the Spartan Camp Staff authorities or athletic staff are not hereby excused from attempting to contact me by phone, or mail, before relying upon this authorization. I hereby waive, hold harmless and release Montour High School, and Spartan Football Camp Staff. My signature also certifies that my son has obtained proper medical care for any current medical condition. I will be responsible for any medical or other charges in connection with his attendance at camp. This permission is good only while the participant is attending the Spartan Football Camp and only until the participant has attained his eighteenth birthday.

DATE

SIGNATURE OF PARENT OR GUARDIAN

APPLICATION INFORMATION

SHIRT SIZE- ADULT: XL L M S

YOUTH: L M S

(Youth large=adult small)

CAMPER'S
NAME _____

DATE OF BIRTH ___/___/___

ADDRESS _____

CITY _____ STATE _____

ZIP _____

DAYTIME
PHONE _____

HOME
PHONE _____

SCHOOL _____

GRADE ENTERING FALL '09 _____

HEIGHT _____ WEIGHT _____

OFF. POSITION: _____