

Important: Medical Authorization

In an emergency, I hereby give permission for my child _____ to be examined by the campus trainer. I also give permission to the camp operator to hospitalize, secure proper treatment, anesthesia, or surgery for my child in an emergency. I also give the camp permission to advise the hospital of our insurance information at the time of treatment.

Our Health Company is:

Contract Group #:

Disclaimer of Liability:

The UC Football staff & HFC Blaise Faggiano do not assume liability for any injuries incurred while at the camp or on the way to the camp.

As a condition of enrollment, the following disclaimer of liability must be signed and dated by the campers parents: The camper in attending the UC Youth Football Camp, and in using Utica College does so at their own risk.

The UC Football Staff, HFC Blaise Faggiano, Utica College their athletic departments, and staff, shall not be liable for any damages arising from personnel injury sustained by the camper during the camp or at the facilities.

The camper and his/her parents assume full responsibilities for any damages or injuries that may occur to the camper during the clinic session and so hereby fully and forever exonerate and discharge the UC Football Staff, HFC Blaise Faggiano, Utica College, their athletic departments, and staff from any and all claims, demands, damages, rights of action causes of action, present or future whether the same be known, anticipated, or unanticipated, resulting from or arising out of the campers participation in the camp and the use of the facilities.

Signature of Parent/Guardian:

Signature of Camper:

Date: _____

2008 Utica College Pioneers Youth Football Camp

Utica College Football
Clark Athletic Center
1600 Burrstone Road
Utica, NY 13502



Utica College 2008 Youth Football Camp

**Monday June 30th-
Thursday July 3rd.
9:00am - 12:00pm
@ Charles A. Gaetano
Stadium
Utica College**



About the Camp:

The Utica College Youth Football Camp is geared towards children from ages 7-14. Campers will be divided into separate groups by age.

The camp is designed to provide a positive football experience for youth players in the Mohawk Valley. Individual and group instruction will take place on the basic skills needed to play football.

Special emphasis will be placed on safety while learning the basic skills of blocking, tackling and catching. Each player will learn offensive, defensive, and special teams positions. Through fun and exciting stations and drills campers will receive top quality instruction from the UC Football Staff. Each day will end with a fun game of ultimate football.

Teams and individuals are encouraged to attend. All area youth football coaches are invited to join us and use the camp as a learning environment. Coaches are welcome to take notes and video tape the drills for use in their program. Camp will run from Monday, June 30 –Thursday July 3, 2008. All sessions will be conducted on the Utica College all-purpose field turf.



CAMP DIRECTOR:

Blaise Faggiano
Head Football Coach Utica College
bvffaggiano@utica.edu, 315-792-3713.

CAMP STAFF: UC Football Staff

CAMP FEE:

\$65 Pre-registered, \$75 Walk In.
Fee includes a camp T-shirt. Camp shirt provides free admission to any 2008 UC Football Home Game.

EQUIPMENT: Non-Contact Camp, T-shirt, shorts, and cleats are required. Bring a Water Jug and Snack.

DROP OFF & PICK UP: Clark Athletic Center next to the Charles A. Gaetano Stadium on the campus of Utica College. In case of bad weather we will go into the building and watch football films and folies until the weather breaks. On the first day of camp please arrive 15-30 minutes early to help with registration.

Parents read and sign the back of this form.

NOTES: Pre-registering saves time on the first night of camp. Walk-Ins must pay by cash or money order.

REFUNDS:

No Refunds for payments made after June 10th.



CAMP REGISTRATION FORM:

Name: First: _____ Last: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents Names: _____ Home Phone #: _____

E-mail: _____ Cell Phone #: _____

Positions Played: Offense: _____ Defense: _____ T-Shirt Size: Youth _____ Men's _____

School District: _____ Youth Football Program: _____

Make checks payable to "Utica College Youth Football Camp."
Return form to: Utica College Football Office C/O Blaise Faggiano, Clark Athletic Center
1600 Burrstone Road, Utica, NY 13502