

# 2019 SUNDAY NIGHT YOUTH FOOTBALL



## **Eastridge Lancers Youth Football Camp**

**Grades Entering 4<sup>th</sup>-6<sup>th</sup>** (For the 2019/2020 School Year)

This youth football camp is being run by Head Varsity Football Coach Jasson Jobson and other members of the Eastridge Lancers Football Program. The first 40 minutes of each night, basic fundamentals will be stressed while rotating through stations. The last 40 minutes of each night will consist of two 20 minute flag football games.

**3 Sundays- July 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> from 6:00-7:30pm**

**Eastridge High School, Stadium Field**

**Cost: \$25 (includes t-shirt) (Checks payable to EIAA Football)**

## 2019 Registration Form

Players Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

T-Shirt Size: YS YM YL YXL S M L XL (Circle)

### Parent/Guardian Please Read and Sign

I hereby give my permission for my child to participate in the Eastridge Lancers Youth Football league. This authorization shall waive, release and absolve the Eastridge Lancers football staff from any liability for injury or illness incurred at camp. I give the staff permission to act according to its best judgement in any emergency. I also certify that the individual above has no physical problems, which would impede their participation at camp. I also understand that parents are solely responsible for ALL medical expenses due to injury or illness incurred by the camper while at camp.

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

### MAIL PAYMENT and REGISTRATION FORM TO:

Eastridge High School

Athletic Department

2350 Ridge Road East

Rochester, NY 14622

\*\*\*\*\* Make Checks Payable to EIAA Football\*\*\*\*\*