

STAFFORD SHERIFF'S OFFICE YOUTH FOOTBALL CAMP

The Stafford Sheriff's Office is sponsoring a youth football camp for Stafford County residents. The camp is designed to build character and to instruct each player in the basic fundamentals of football. Emphasis will be placed on stance, blocking, tackling, passing, and catching. Each player will have the opportunity to learn new skills and to improve existing skills. *This is a non-full contact camp. No pads or helmets will be worn.*

Age: Children ages 7-13

Dates: July 25 – July 29, 2011

Time: 6:00pm – 8:30pm

Location: **Stafford Senior High School (Take note of location change)**
33 Stafford Indians Lane



What to wear: Shorts, athletic socks, cleats or appropriate footwear, and supporter (optional).
Shirts will be provided and must be worn each day.

Fees: The fee is **\$10.00** per child. Fee and registration are **due by July 18, 2011. No late registrations will be permitted.**



Make checks payable to **Football Camp** and mail a completed registration form to:
Stafford Sheriff's Office
Football Camp
Attn: Deputy E. Coffey
P.O. Box 189
Stafford, VA 22555

For more information call Deputy Earl Coffey at (540) 658-4450

REGISTRATION FORM

Participant's Name: _____ Boy: _____ Girl: _____

Home Address: _____ City _____ Zip _____

Telephone Number: Home _____ Emergency Contact: 1. _____

Parent's Work _____ Emergency Contact: 2. _____
Name / Phone Number
Name / Phone Number

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Football Jersey size: _____ (Youth sizes - small = sizes 6-8, med = sizes 10-12, large = sizes 14-16, X-large = size 18)

School Attending September 2010: _____

Health Information: _____

Please contact me to discuss disability needs (i.e., hearing impairment, etc.)

PARENTAL CONSENT AND WAIVER OF PARTICIPATION:

I hereby give my child permission to participate in the Stafford County Sheriff's Football Camp. I realize that football is a contact sport and inherently has the possibility of injury. I understand that medical insurance is advisable and that payment for any emergency medical, hospital, or physician treatment rendered for my child is my responsibility. I will not hold the Stafford County Sheriff's Office, or their representative liable in case of accident or injury.

Signature of Parent (Legal Guardian): _____ Date: _____