



Fairfield County Football Camp 2012

The FCFC offers both a **FULL CONTACT** and a 7-9 year old Non-contact camp. Both are fundamentals first, based program emphasizing individual instruction and group work. Repetitive drill work and game like situations will be used to stress the proper blocking and tackling techniques in addition to an understanding of offensive and defensive plays/formations that will provide the necessary tools for your son/daughter to play football at the highest level.

Important Camp Information

- Date:** July 16th-20th, 2012
- Time:** 9am-3pm Daily
- Location:** The Sports Zone, Trumbull, CT (off Rt. 111, Trefoil Dr.)
- Cost:** \$325 Until May 15th
\$350 After May 15th
(\$25 multiple child discount is offered)
- Ages:** Boys and girls entering grades 2-12 (ages 7-9 can participate in the non-contact flag camp)
- Attire:** Helmet, Shoulder pads (mandatory) (except for 7-9 non-contact camp)
Play clothes, sneakers/turf cleats
Mouthpiece.
- Register:** Online at www.fairfieldcountyfootballcamp.com or by completing both sides of the registration form and return it with payment. Medical form must be completed and signed.
- Camp Features:** Local College football coaches, High school coaches and formers players from local teams now excelling in college.
- Lunch:** Bring your own bag lunch (Coolers will be avail.)
- Question:** Call Coach Mike Forgét @ 203-209-9744 or visit: www.fairfieldcountyfootballcamp.com

Register Online at: fairfieldcountyfootballcamp.com

Fairfield County Football Camp 2012

Name _____

Address: _____ Email: _____

City: _____ Zip: _____

Home phone: _____ Emer: _____

Grade (Fall 2012): _____ Birthdate: _____

T-Shirt Size: AS _____ AM _____ AL _____ AXL _____

Consent and Medical Release Statement: In consideration of being permitted to participate in any way in the FCFC, the parent(s) and/or legal guardians of the minor participant named above agree: I am fully aware and thoroughly informed of the hazards of participating in a football camp; further, I have read and fully understand the following:

-That participation is voluntary and at my/minor's own risk

-That a football camp is a physical activity involving heavy exertion. A camp participant must be in good general health, free from cardiovascular and respiratory disease and have good exercise tolerance.

-That while participating in a football camp, the human body is subject to a variety of influence that may become potentially hazardous. Some of these hazards include, but are not limited to, head injury (Concussion for example) and a variety of other bodily injuries such as broken bones, including the potential for permanent disability and/or death.

Notwithstanding these risks, for and in consideration of the minor's participation, I, for myself, the minor and the minor's assigns and helts do wave, release and discharge the FCFC, trustees, employees and agents from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by the minor in consequence of and as a result of a certain accident, casualty or event of the minor's presence or activities in connection with this football camp. I also agree to indemnify and hold harmless the FCFC for injuries sustained either by the minor and/or caused by the minor to others during the football camp. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known and unknown. I hereby authorize the camp medical staff to provide emergency medical treatment as necessary to my son/daughter.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

PAYMENT

*Method of Payment: Check _____ Cash _____ Credit Card _____

Card Type: VISA MC Check # _____ Driv Lic # _____

Cardholder name: _____ Signature: _____

Card #: _____ Exp: _____ CV#: _____

Please make checks payable to: Fairfield County Football Camp
Reminder - A driver's license number should accompany any check payment
*\$100.00 min. non refundable deposit is due at time of registration to get discounts

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Camp Participation is prohibited unless this form is completed & signed by the campers Parent/Guardian.

Medical Information

Campers Name: _____ DOB _____

*Health Insurance Carrier: _____

Policy # _____
*All medical costs not covered by personal insurance are the responsibility of the participant/parent.

Physician: _____ Phys. Phone _____

Has Camper ever been withheld by a doctor from participating in sports activities? Yes _____ No _____

If yes, When: _____ Condition: _____

Medication: _____ Allergies: _____

Other Physical Conditions: _____
Immunizations against Diphtheria, Tetanus, Poliomyelitis, Measles, Pertussis, Mumps and Rubella are required.

The official immunization record must be available upon request.
I certify that my son/daughter has had a medical examination within the past 12 months and has been found in satisfactory health and free of disease. There are no apparent contra-indications to participating in football camp activities.

By signing this statement, I certify that all of the above information is true and I agree to take full responsibility for costs incurred due to any injury or sickness which may occur to the participant during camp.

Parent Signature: _____ Date: _____
Printed Name: _____ Phone#: _____

Send completed applications with payment and completed medical form to:

Fairfield County Football Camp
22 Berkeley Rd.

Westport, CT 06880

Or Coming Soon....

Register and Pay Online @ www.fairfieldcountyfootballcamp.com

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2012

July 16-20th

9am-3pm

@ The Sports Zone

29 Trefoil Dr. Trumbull, CT 06611

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www.fairfieldcountyfootballcamp.com