

8TH ANNUAL TROJAN FOOTBALL SUMMER CAMP



“WESTON YOUTH FOOTBALL SYSTEM”

This is a **LIMITED CONTACT** program emphasizing football fundamentals through individual instruction and group work. **Player must have a helmet and shoulder pads for the camp.** Equipment handout is Saturday, June 1st 9am-12pm in WHS. Repetition drill work and game scenarios will be used to stress the techniques that are required for your son to reach his full WESTON FOOTBALL potential. This year, the coaching staff will introduce the practice routines, drills and plays of the Weston Youth Football System. This system is a building block to the Weston High School Program. As a result of the camp, *Players and Coaches* will have the foundation to instruct and grow in the TROJAN OFFENSE and the BLACK SHIRT DEFENSE.

Eligibility: All children entering 5th grade through 8th grade for the 2013-2014 school year.

FEE: \$100

Checks are made payable to: *TROJAN FOOTBALL ACADEMY*
12 LORRAINE DR
BEACON FALLS, CT 06403

Days/Dates: June 10 – June 13; Monday - Thursday (Please arrive early for the first day of camp to sign in your camper)

Time: MONDAY & TUESDAY 6pm – 8pm. WEDNESDAY AND THURSDAY 6:30pm-8pm.

Location: Weston Stadium Field (Weston High School)

Instructor: Weston High School Varsity Head Football Coach, Joe Lato, Staff and Players.

Camp Features:

- Safe and productive full contact drill progressions
- Outstanding daily instruction from the Weston Varsity Staff
- Daily Drill stations
- Players grouped by age and ability level
- Camp T-Shirt
- Achieving your full potential

*****With the advancements in understanding how to avoid head injuries in contact sports, this camp will prepare your child to play with confidence and most importantly - stay safe when blocking and tackling*****

Registration

Name _____

Home# _____ **Emergency #** _____

Age _____ **Height** _____ **Weight** _____

Address _____

T-Shirt Size (Specify Adult or Youth sizes) _____

I/We agree to hold harmless the town of Weston, the Trojan Football Academy, its employees or agents for any and all accidents, injury, loss or damage suffered while participating in this football program.

Parent's/Guardian's signature _____ **Date** _____

Camp Contact: Joe Lato 291 -1618

**NO PRORATING DAYS AND NO REFUNDS WILL BE GIVEN AFTER THE
CAMP HAS BEGUN**

