



**EQUIPMENT NEEDED:**  
Helmets, Cleats, Sneakers.

**REFUNDS:**  
ALL REFUND REQUESTS MUST BE RECEIVED PRIOR TO CAMP STARTING.

**PROGRAM CONTENT**

The staff will cover the basic skills in the following areas: Quarterback-mechanics in footwork, ball handling & throwing form. Running Back-stance, start, and blocking and receiving techniques. Receiver-stance, start, routes and catching techniques. Offensive line-stance, start, run and pass blocking techniques.

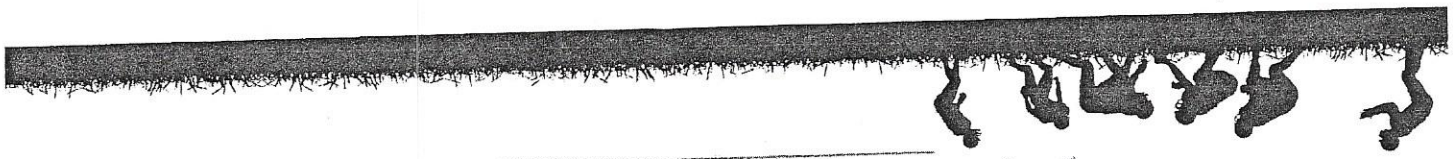
**QUESTIONS:**  
Call 203-341-1269

**DATE: AUGUST 7-9**  
**TIME: 5:00PM-8:00PM**  
**LOCATION: STAPLES HS**

**MISSION STATEMENT:**  
The purpose of this camp is to provide the participants the opportunity to improve their skills and learn to truly appreciate football. Under the guidance of Marce Petroccio and his staff each camper will come away with a better understanding of the game of football. Our camp is designed to meet the player's needs at his position. We believe the instruction the player receives will accelerate his development and allow him to perform to his maximum ability.

**GENERAL FORMAT**  
Non-Contact. Fundamentals. Position Skills.

**ELIGIBILITY:**  
Must be in grades 9-12 as of Fall 2017.  
HIGH SCHOOL GRADUATES MAY NOT PARTICIPATE



# ALL COUNTY FOOTBALL CAMP REGISTRATION



Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Camper Cell Phone: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Age: \_\_\_\_

Grade in Fall 2017: 9 10 11 12

High School: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

## MEDICAL RELEASE

The named camper \_\_\_\_\_ has my permission to participate in the All County Football Camp. In case of emergency, I understand that every attempt will be made to contact the emergency contact listed below. The child herein has permission to engage in all prescribed program activities. Please list physical conditions that the trainer should be aware of (allergies, recurring illnesses, injuries, disabilities):

I have adequate medical coverage and insurance and give my son permission to participate in Marce Petrocchio's All County Football Camp. We or I agree to hold harmless and indemnify Marce Petrocchio's All County Football Camp, employees, members, partners, officers, affiliates and representatives, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the camp (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Name of Participant: (Print) \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

**AMOUNT DUE:** \$165.00

Please make payment to:  
All County Football Camp

**MAIL TO:**  
78 Harvey Road  
Ridgefield, CT 06877