

2018 COLBY ROBERTS FOOTBALL CAMP

June 4th-6th – DavidColbyRoberts@gmail.com

Come join ACA Head Football Coach Colby Roberts and staff on June 4th through June 6th (Monday-Wednesday), to learn the game of football and have fun doing it! This summer, the ACA football staff and team will be offering a day camp for boys and girls ages 5-11. Campers will develop football skills including passing, catching, kicking, tackling, blocking, and will participate in various football games. **No equipment will be needed.**

Campers will also hear from college football players, tour the ACA football facilities, and watch game film and highlights. Water and snacks will be provided and the concession stand will be selling additional food and drink items. The camp will run from 9:00 a.m. to 12:00 p.m., June 4th-6th, at Aucilla Christian Academy. The camp cost is \$50.00. The campers will also receive a t-shirt and participate in a raffle with their camp fee.

A flag football game will be played by all campers at the halftime of an ACA Junior Varsity football game. (Date TBA).

Please make checks payable to Aucilla Christian Academy. (Payment will be received during the first day of camp.)

APPLICATION: Please fill out the portion below and return no later than May 18, 2018.

Cut and return the below portion.

Camper Name: _____ Age: _____ Grade: _____ T-shirt size: _____

Camper Address: _____

City: _____ State: _____ Zip Code: _____

Camper Phone Number: (_____) _____ - _____ Camper E-Mail: _____

LIABILITY WAIVER: Parent Release and Indemnity Agreement

I hereby request you to accept the application for enrollment in the Colby Roberts Football Camp during the dates set forth in the application and in consideration of your acceptance of the application, I release Aucilla Christian Academy, Aucilla Christian Academy staff, coaches, and players from their claims on account of injury which may be sustained by my child who participates in the camp. If medical attention is required, I give my permission for such treatment.

Emergency Contact Name: _____ Phone Number: (_____) _____ - _____

Any medical conditions or allergies? _____

Medical Insurance Company: _____ Policy Number: _____

By signing below, I have read, understood, and agree to comply with the liability waiver.

Parent of Guardian Signature: _____ Date: _____