

# 2017 COLBY ROBERTS FOOTBALL CAMP



May 30<sup>th</sup> – June 1<sup>st</sup>, 2017 – DavidColbyRoberts@gmail.com

Come join ACA Head Football Coach Colby Roberts and staff on May 30 through June 1 (Tuesday-Thursday), 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., May 30<sup>th</sup>-June 1<sup>st</sup>, 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 12, 2017.**

Cut and return the below portion.

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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: \_\_\_\_\_