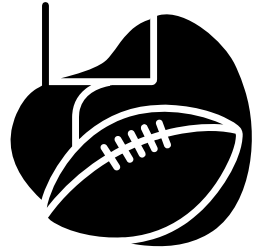




C.B. WEST YOUTH FOOTBALL CAMP



TWO different skill level sessions offered!

Cost: \$125/session (All campers receive an official camp T-shirt).

Dates: Session I: June 29 – July 2 (Beginner Skills) *Ages: 7-12*

Session II: July 13 – July 16 (Intermediate & Advanced Skills) *Ages: 9-14*

Times: 9:00 AM – 3:00 PM

An Early Drop-off (8:00 AM) and Late Pick-Up (4:00 PM) program is available for each camp session for an additional \$25 fee per week.

Location: C.B. West Athletic Fields & Gym

Skills Covered:

- Proper Stances for all Positions
- Proper Form Running
- Cadence
- Alignments by Position
- Form Blocking Techniques
- Safe Tackling Techniques (non-contact)
- Ball Carrying and Receiving
- Throwing Mechanics
- Snapping, Punting, and Place Kicking
- *HAVING FUN!*

The camp is run by the coaches and players of the C.B. West Football Program.

Registration begins February 28th.

Please complete the reverse side of this form and return with check payable to:

"Central Bucks Community School"

C.B. West Football Club
Central Bucks High School – West
375 W. Court Street
Doylestown, PA 18901

Questions – call or email Coach Brian Hensel: 267-893-2535

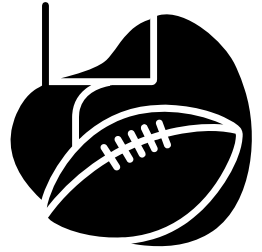
bhensel@cbsd.org

<http://www.cbwestfootball.com>

Space is LIMITED! Camper spots will be filled on a first come, first served basis.



C.B. WEST YOUTH FOOTBALL CAMP



Child's Name: _____
(Please print)

Age: _____ (as of 7/1/09)

T-Shirt Size: Youth-S Youth-M Youth-L Adult-S Adult-M Adult-L
(Circle one, please)

Parent Email: _____
(Please print)

CENTRAL BUCKS SCHOOL DISTRICT – DOYLESTOWN, PA

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or other hospital personnel designated by the Central Bucks School District to attend to my son/daughter:

Child's Name: _____ Age: _____ (as of 7/1/09)

I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent Signature: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

_____ Cell Phone: _____

If parents **CANNOT** be reached, then call:

Family Doctor: _____

Phone #: _____