

**The Wildcat Camp  
Program Includes:**

**OFFENSE**

**Quarterback** - Stance, Center/QB exchange, Passing, Ball Handling, Running, Faking

**Running Backs** – Stance, Start, Ball Handling, Faking, Running, Cutting, Blocking

**Ends and Flankers** - Stance, Start, Pass Catching, Pass Routes, Running, Blocking

**Line** – Stance, Starts, Blocking Techniques, Pass Blocking, Use of Hands

**DEFENSE**

**Line** – Stance, Charge, Alignment, Pass Rush, Agility, Tackling Form

**Linebackers** – Stance, Reaction, Pursuit, Pass Coverage, Tackling Form

**Secondary** –

Stance, Alignment, Pass Coverage - Zone and Man, Reaction Drills, Tackling Form

**2017**

**WILDCAT**

**YOUTH**



**FOOTBALL  
CAMP**

**JULY 10-13**

**ENTERING GRADES 2-9  
8:00AM - 12:00PM**

For additional information

Kevin Myers  
244-4021 Ext. 3266  
kevin.myers@dallastown.net

**COST & REGISTRATION**

***DEADLINE - June 18, 2016***

***Cost \$65.00 on/before June 18  
\$ 85.00 after June 18***

***Note:*** If 2 or more from same immediate family  
\$55.00 - for each related camper

Payment in full is required with your completed application.

***Per the district policy you must sign and return the attached waiver form for each registered camper.***

*Please make all checks payable to:*

**Wildcat Football Camp**

*Send payment to:*

**c/o Kevin Myers  
Dallastown Area High School  
700 New School Lane  
Dallastown, PA 17313**

**Includes**

Camp T-shirt  
Trophy for Punt/Pass/ Kick winners  
Medals to winning teams

**CANCELLATION POLICY**

***There will be a \$30 administration fee for all cancellations.***

***Cancellations made less than 10 working days before the first day of camp will not receive a refund.***

**CAMP CHECKLIST**

You will receive a letter in June with additional details as to dress, daily schedule, etc.



# Application

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Grade entering \_\_\_\_\_ Age on July 6: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

**T-Shirt Size** Youth: S  M  L  Adult: S  M  L  XL  XXL

### Parent/Guardian Authorization

I hereby approve my child's attendance to the Wildcat Football Camp and certify that he is in good health and able to participate in the program. I understand should an emergency condition arise, I will be contacted. However, if I cannot be reached, I give permission to have my child taken to our family doctor, the listed hospital, or the nearest available doctor. I also agree to assume the payment of costs in the event that such an emergency does occur. I acknowledge that I possess accident insurance to cover injuries in relation to camp activities similar to the coverage available through the school approved insurance programs. I also agree to assume the payment of costs in event an injury does occur and will not hold the Wildcat Football Camp Director, Staff, or Dallastown School District liable.

Emergency Contact Name: 1. \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact # 2. \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Special Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**If a student must leave for any reason, he must present a note from his parent/guardian, or the parent/guardian should personally pick up the participant.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Feel free to copy this application form as needed.**

# GENERAL RELEASE AND WAIVER OF LIABILITY REQUIRED OF ALL PARTICIPANTS IN ACTIVITIES CONDUCTED VIA RENTALS FROM THE DALLASTOWN AREA SCHOOL DISTRICT

Activity: Wildcat Youth Football Camp

Facility Location: Dallastown Campus Fields: Baseball field and Field #5

Activity Date: July 10-13 2017

THE UNDERSIGNED, EITHER INDIVIDUALLY OR AS A PARENT OR GUARDIAN OF A MINOR, IN CONSIDERATION OF THE OPPORTUNITY TO PARTICIPATE IN THE ACTIVITY LISTED ABOVE ON DISTRICT PROPERTY, HEREBY WAIVES, DISCHARGES AND RELEASES THE DALLASTOWN AREA SCHOOL DISTRICT, INCLUDING ITS DIRECTORS, ADMINISTRATORS, EMPLOYEES, AGENTS, INSURERS AND REPRESENTATIVE (COLLECTIVELY THE "DISTRICT") FROM AND AGAINST ANY AND ALL DAMAGES, CLAIMS, LOSSES, OR INJURIES OCCURRING ARISING FROM OR RELATED TO THE EVENT LISTED ABOVE, WHETHER THEY ARE CAUSED BY PHYSICAL INJURY, LOSS OF PROPERTY, ACTS OF OTHERS, NEGLIGENCE, OR ANY OTHER CAUSE. THIS IS AN UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

THE UNDERSIGNED CONFIRMS THAT HE OR SHE HAS READ THIS DOCUMENT AND AGREES TO BE LEGALLY BOUND BY IT. THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT UNLESS REVOKED IN WRITING BY THE UNDERSIGNED.

\_\_\_\_\_  
Print Name of Individual or Minor for whom the Release is submitted

\_\_\_\_\_  
Signature of Individual, or Parent/Guardian if signing for a minor

\_\_\_\_\_  
Date

(00698235/2)