



2019 Hills Pride CO-ED Football Camp

Sponsored by Half Hollow Hills Youth Football League

A great opportunity for our young athletes to improve on their technique & compete against each other!

Name: _____ Grade: _____ School: _____

Email: _____ @ _____ Telephone#: (_____) _____

Emergency Contact: _____ Emergency#(_____)- _____

T-Shirt Size (Included in Package) Please Circle size: S M L XL XXL

July 08, 2019 – July 12, 2019

I am entering Grade (Circle One): 1st 2nd 3rd 4th 5th 6th 7th 8th

Location: Half Hollow Hills High School East

Time: 5:00 pm – 8:00 pm Non- Contact Clinic

Fee: \$150/player for the week, or \$40 a day

Make Checks Payable to: HHHYFL (Check#) _____ (Checks are Non Refundable)

Mail completed form and check to:
Half Hollow Hills Youth Football League
P.O. Box 20065
Dix Hills, New York 11746

All funds collected will be used to offset camp costs and support the Half Hollow Hills Youth Football League.

This is NOT a Half Hollow Hills Central School District sponsored or endorsed activity

HHHYFL is an approved 501(c)3 Not-for-Profit Corporation

HHHYFL is fully insured

- Time during each session will be devoted to the system Implementation
 - Position specification will be the main focus of the camp
- Each session will conclude with a competitive activity to reinforce the day's learning & Promote team building
 - Daily instruction, lectures and demonstration of fundamentals will be headed by HHH East Varsity

Coach Mike Maratto, and his Coaching staff along with Hills Pride Coaches!

• Awards to outstanding campers

I am aware that my child _____ will be engaging in physical exercise Involving various football activities, coordination events and general fitness training which could cause Injury or illness. I understand that the child is voluntarily participating In these activities and is assuming all risks of Injury or Illness that may result from engaging In any practice. Exercise or sports related event including tripping, slipping, falling and/or colliding with another individual or object on or off the Field. I hereby release and promise not to commence litigation against Half Hollow Hills School District and Coaching Staff for any damages, injuries or deaths arising from my child's presence at camp. I hereby give permission for staff to provide medical treatment for my child In the event of accident/illness during his/her presence at camp. I know of no mental or physical problems that affect my child's ability to safely participate.

I (print your name) _____, the parent /guardian, do hereby agree to the above waiver. I hereby agree to waive any claims or rights that you may otherwise have to commence litigation to the Half Hollow School District/ Coaching staff for any Injury or Illness that may occur. I understand that you will make no evaluation/recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has a physical/mental condition that may Impair his or her ability to engage In any of the football activities, practices or exercises, It Is my responsibility to obtain a physician's release statement.

It Is recommended you consult a physician prior to your child's participation in practice, physical exercise or football activity.

Parent/Guardian Signature: _____ Date: _____

Questions/Concerns: Contact Adrian Montalvo amontalvo@hillspridefootball.org

APPROVED FOR DISTRIBUTION

Megan Gallub leagueadmin@hillspridefootball.org

MAY 17 2019

DR. PATRICK HARRIGAN

Amontalvo
5/17/19