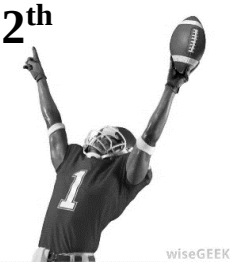
2021 FALCON FOOTBALL CAMP

MONDAY, AUGUST 9th – THURSDAY, AUGUST 12th

9am – 12pm @ Cedar Crest H.S. Stadium

Boys and Girls: Grades 1-8

$75 Pre Registered - $85 Walk-up



CAMP FACTS:

- Non-Contact Camp
- NO FOOTBALL EXPERIENCE NEEDED
- Safety first drills and techniques
- Skills taught for all positions
- Emphasis on footwork and agility
- Proper tackling techniques
- Ball skills
- Enthusiasm and Positivity

GOAL:

Our goal is to have a weekend of fun and learning. We want all of the campers to come away with a positive experience and to have learned a little more about the game of football. This is an excellent opportunity for students of all ability levels to improve their game, and to enjoy competing against one another.

EQUIPMENT:

Cleats, Water, Snack, Sneakers, Mask (in case it storms, we will stay out if it's only rain)

Coaching Staff: The Cedar Crest Varsity and Junior High coaches will coach the players. There will also be appearances by alumni players. The current Varsity Team will serve as assistants for the camp.

ACTIVITIES

Punt-Pass-Kick	Offensive Skills
Falcon Combine	Defensive Skills
Obstacle Course	Falcon Ball
League Games	Speed Agilities

MAKE CHECKS PAYABLE TO: FALCON FOOTBALL CLUB

MAIL COMPLETED FORM & CHECK TO:
ROBERT WILDASIN
300 Fieldstone Drive
Annville, PA 17003

Email: rwildasin@clsd.k12.pa.us **Phone**: 717 272-2033

COST INCLUDES: Instruction, Football, and Certificate

Name of Student:_____

Grade Level for 2021-22 School Year:_____

Name of Parent/Guardian:_____

Contact Phone Number:_____

Contact Email Address:_____

Emergency Contact/Phone (if different):_____

_____

The undersigned gives permission for this student to attend the Falcon Football Camp.

I have no knowledge of any physical impairment that would affect or be affected by my student's participation in this camp. I acknowledge having insurance coverage should an accident occur, and will not hold the Cornwall-Lebanon School District or any member of the camp staff responsible should an accident occur. In the event of an emergency in which my son requires medical care, I authorize the staff or the camp to act for me and obtain for him whatever medical treatment the staff deems necessary and appropriate.

Please attach a note explaining special limitations and/or required medication, if any: (Parent/Guardian's Signature)

X_____