



2025 Cedar Crest Falcon Football YOUTH CLINIC



JULY 30 CEDAR CREST HIGH SCHOOL STADIUM 5:45 pm – 8:45 pm
YOUTH ATHLETES ENTERING GRADES 1-7

CLINIC INFORMATION:

- NO FOOTBALL EXPERIENCE NEEDED
- Non-contact drills & activities
- Skills & Drills taught for all positions
- Emphasis on footwork & agility
- Proper tackling techniques
- Ball skills

GOAL:

Our goal is to provide a one-day camp in which all athletes receive instruction on the basic fundamentals of football. Coaches from the high school varsity staff will provide a positive experience to all campers while teaching the game through drill work and group instruction.

EQUIPMENT:

Athletes should bring cleats (encouraged, but not required), water, and wear comfortable clothing.

COACHING STAFF

Current Cedar Crest Varsity/JV coaching staff will provide instruction
Current Cedar Crest V/JV football players will work with the campers demonstrating drill work and providing instruction

Activities

Offensive Skills & Drills
Obstacle Course
Defensive Skills & Drills

Speed & Agilities
Punt-Pass-Kick
Team Building

Youth Clinic Fee: \$25 Dollars

Make checks payable to: **FALCON FOOTBALL CLUB**

Or VENMO: @Falcon-Football-242

Mail completed form & check to:

Falcon Football Club
c/o Valarie Weaber
602 Cornwall Road
Lebanon, PA 17042

Name of Student Athlete: _____

Grade Level for 2025-2026 School Year: _____

Name of Parent/Guardian: _____

Contact Phone Number: _____

Contact Email Address: _____

Emergency Contact (if different than above): _____

Coach Lambros Contact Email: nlambros@cls.d.k12.pa.us

The undersigned gives permission for this student to attend the **Falcon Football Youth Clinic**.

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 Clinic staff responsible should an accident occur. In the event of an emergency in which my child requires medical care, I authorize the staff or the Clinic 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 Signature)

X _____