

COST: \$75 per player

Make Checks

Payable To:

Craig Nielsen

Send Application to:

Craig Nielsen
111 Winter Place
Mahwah, N.J.07430
Attn: Football Camp

What to Bring:

Sneakers

Cleats

Towel

Extra T-Shirt

Positive Attitude

There will be unlimited
water available for all
campers.

**THIS IS A NON-
CONTACT CAMP**

PURPOSE:

To teach basic
football fundamentals,
Blocking, tackling,
throwing, catching,
punting, and kicking.
Campers will be
introduced to
plyometrics for
building speed.
Campers will learn to
build good habits, how
to develop
confidence,
sportsmanship, and to
promote safe, skilled
play.

FACILITIES:

Pascack Valley H.S.
football and practice
fields. Each camper
will have access to a
locker in the high
school.

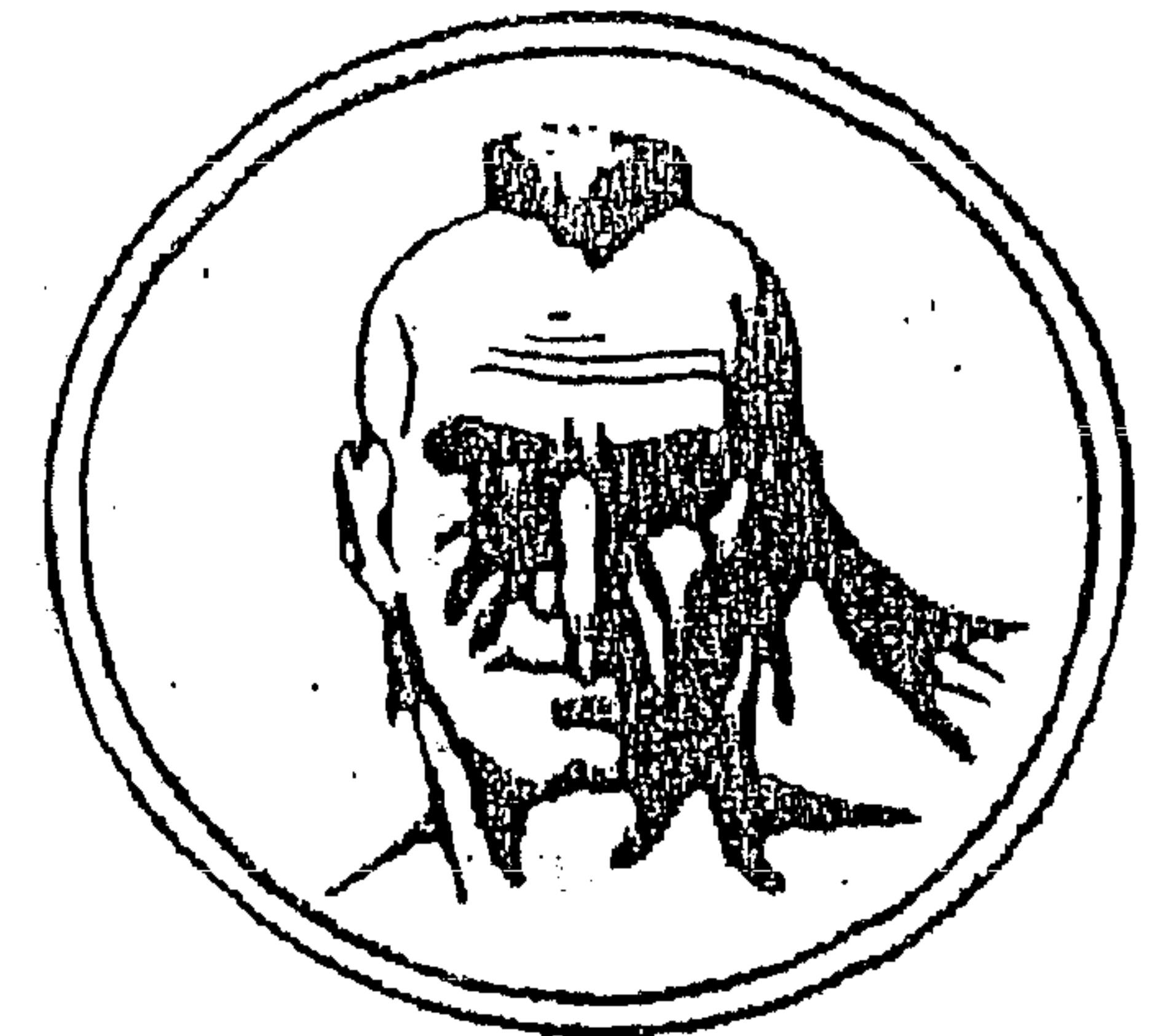
CAMP ELIGIBILITY:

Any resident of
Hillsdale or River Vale
entering grades 3, 4,
5, 6, 7, or 8 who is
interested in football.

9th Annual

**PASCACK VALLEY
INDIANS COACHES
FOOTBALL CAMP**

- 20010-



For all Hillsdale and
River Vale youth
football players and
any other grade
appropriate residents
interested in the sport
of football.

June 28th - July 1st

9:00a.m. - 12:00p.m.

TIME:

9:00 a.m. – 12:00 p.m.

"Don't be on time... be early"

Campers should report by 8:45 a.m.

STAFF:

Pascack Valley High School Staff and players

Plus

Other area high school coaches

What Will You Receive:

Each player will receive individualized instruction at his position. Education in speed and strength training appropriate for players age level.

A free tee shirt will be given to all campers.

All campers will be insured.

A certified trainer will be on site.

APPLICATION

Name: _____

Address: _____

Phone: _____

Age: _____

Shirt Size: (Child or Adult) S, M, L, XL

In case of emergency contact: _____

Questions?

Call Coach Craig Nielsen
201-512-3257

I, the undersigned, hereby give my permission for:

To participate in the Pascack Valley Coaches Football Camp. I understand that the members of the Pascack Valley Football Staff and those assisting them (coaches, players) are acting in the interests of the youth of these communities and they assume no responsibility to others for injuries that may occur through participating in this activity, including those in training, competition, and travel to and from all activities.

Accordingly, I will accept these risks and waive all claims arising out of or connected with the activities of this program on the behalf of myself, and my child and release the members of the PV Football Staff and those assisting them individually and collectively from any liability.

Date: _____

Signature: _____

Please return this form completed and signed with your payment.