



Football Camp

Do you enjoy playing football but wish you could play it better? Then our football camp is for you. This is a comprehensive camp structured around basic football fundamentals, including passing, receiving, blocking, punting and kicking. This camp, lead by experienced football coaches, is perfect for new and experienced youth football players. Participants should wear shorts, T-shirt and cleats. A camp T-shirt is included in the fee. A passing tournament for older, more experienced football players will be held. The Camp Directors are Jason Benham, Gates Chili Head Varsity Football Coach, and Paul Antinelli, Gates Chili Modified B Head Coach.

CLASS #:3318a
 FOR: Youth entering grades 3 – 8
 DATES: Mon. – Thurs., July 20 – 23 (4 classes)
 TIME: 10:00 AM - 12:00 PM
 PLACE: Gates Chili High School Practice Football Field
 FEE: \$40

Sponsored by
**GATES
 RECREATION
 AND PARKS
 DEPARTMENT**



For further information,
 call 247-6100, ext. 235

(detach & mail to: Gates Recreation & Parks, 1605 Buffalo Rd., Rochester, NY 14624)

Gates Recreation & Parks – Football Camp Registration Form

Adult's Last Name: _____ Participant Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Alt. Phone: _____ E-mail: _____

Non-parent emergency contact: _____ Phone: _____

Special needs/ limitations: _____

Date of Birth: (Youth): ____/____/____ Grade: _____ Age: _____ Male: _____ Female: _____

PROGRAM: **FOOTBALL CAMP** CLASS #: **3318a** DAY (S): _____ TIME: _____ FEE: _____

Town of Gates resident? Yes _____ Non-resident FEE (If "NO" add \$6 or specified fee per program): _____

Mark method of payment: Check: _____ Cash: _____ Amount enclosed: \$ _____

*****: I authorize you to charge my MASTER CARD: _____ VISA: _____*****

Signature of Card Holder: _____ Expiration Date: _____ Amount: _____

Please read the following statement:

I assume all risks and hazards incidental to the conduct of the activity and do hereby further release and hold harmless the Town of Gates & the Town of Gates Recreation and Parks Department staff and volunteers. I give permission to a licensed physician or hospital staff to administer emergency medical care deemed necessary for myself/child when normal permission is unavailable. I certify that I/my child are in good physical health and have no limitations other than those I have listed above which may predispose me/my child to risk during the listed programs. I also fully realize that I must provide proper hospitalization. The Town of Gates does not provide accident insurance coverage. I understand that refund requests must be made at least 3 days prior to the start date of a program and that 20% of the fee will be retained as a processing fee..

Participant/Guardian signature: _____ Date: _____

(if under 18, parent or guardian signature required)