



# FOOTBALL CAMP BRIDGEWATER - RARITAN

CAMP DIRECTOR—Scott Bray, HEAD FOOTBALL COACH B.R.H.S.



## JUNE 26 – JUNE 29

MONDAY—THURSDAY 8:30 AM—2:00 PM

LOCATION – MUNICIPAL COMPLEX TURF

This **NON-CONTACT** fundamental football camp is open to all students entering **KINDERGARTEN TO GRADE 8 (2017-18 school year)**. It is geared towards the development of all skill levels and positions. Daily activities will include position specific drills as well as group activities that will help develop a solid base for each athlete. All sessions will conclude with a 7 on 7 touch football game.

### CAMP COST OPTIONS

- OPTION #1 – FULL TIME/FULL WEEK CAMPER - \$150  
 OPTION #2 – PAY PER DAY - \$40 PER DAY THAT THE CHILD WILL ATTEND  
 OPTION #3 – 1/2 DAY FULL WEEK CAMPER (8:30AM – 12:00 PM) - \$110  
 OPTION #4 – 1/2 DAY PAY PER DAY - \$30 PER DAY THAT THE CHILD WILL ATTEND  
 (Refunds are only available for cancellations made prior to June 5)  
 Register either in person, via mail, or by placing in Recreation mail slot at  
 Bridgewater Recreation Department, 100 Commons Way.

### FEATURES

FREE T—SHIRT  
EQUIPMENT NEEDED

- SNEAKERS  
 CLEATS  
 WATER BOTTLE  
 CAMPERS MUST PROVIDE  
 OWN LUNCH

**\*MAKE SURE ALL EQUIPMENT IS LABELED\***

Bridgewater Recreation Department, 100 Commons Way, Bridgewater NJ 08807 (908)725-6373 [www.bridgewaternj.gov](http://www.bridgewaternj.gov) 9 a.m. – 5 p.m. Monday – Thursday, 8 a.m. – 5 p.m. Fridays

## 2017 YOUTH FOOTBALL CAMP REGISTRATION FORM

### CAMP COST OPTIONS

Please select only one of the options

- OPTION #1, \$150  
 OPTION #2, number of days\_\_\_\_ @ \$40 = \_\_\_\_  
 OPTION #3, \$110  
 OPTION #4, number of days\_\_\_\_ @ \$30 = \_\_\_\_

For Options 2 & 4 please write dates attending:

Total Amount Due: \_\_\_\_\_  
 Check # \_\_\_\_\_ payable to  
 "Gridiron Football"

Camper's Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Grade (2017-18 school year): \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_ Daytime Contact #( ) \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact (name/phone): \_\_\_\_\_ ( ) \_\_\_\_\_

*If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. \_\_Yes, I will need to be notified regarding special considerations for my child.*

Please note that the Bridgewater Township Recreation Department and Gridiron Inc., do not provide individual medical insurance coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_