



FOOTBALL CAMP BRIDGEWATER - RARITAN

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



JUNE 25 – JUNE 28

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 (2018-19 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 4)
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 9 a.m. – 5 p.m. Monday – Thursday, 8 a.m. – 5 p.m. Fridays

2018 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 (2018-19 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: ____/____/____