



# 4th Annual Young Warrior Football Camp



**June 28 & 29, 2021    9:00AM-12:00PM**  
**Penn Trafford HS Warrior Stadium**  
**Students Entering Grades K – 6**  
**\$50 / Participant**

## **WHAT WE DO**

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**Learn Techniques at multiple positions on offense and defense**

**Taught by WPIAL 5A Staff and Players**

**Non-contact drills—Learn how to use your brain—not your head!!**

**Teaching Football Basics – Alignments, Assignments & Fundamentals**

**Skills Competitions & Flag Games**

**NFL Style Combine Testing & Punt/Pass/Kick Competition**

**Receive a Warrior Football T Shirt & Certificate with combine results**

**\*Participants will be grouped according to age**

**LEARN TEAMWORK, SPORTSMANSHIP & WORK ETHIC WHILE HAVING FUN**

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Please complete attached form to register.

For more information, please contact Head Coach, John Ruane:  
[ruanej@penntrafford.org](mailto:ruanej@penntrafford.org)

Young Warrior Football Camp

June 28-29, 2021

Registration Form

**Please return this form along with Payment of \$50 by June 21, 2021**

**Checks made out to "WARRIOR FOOTBALL CLUB"**

**PO Box 331 Harrison City, Pa 15636**

Last \_\_\_\_\_ First \_\_\_\_\_ Entering Grade \_\_\_\_\_ Age \_\_\_\_\_ M F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

T Shirt Size (Please Circle): Youth: S M L Adult: S M L XL XXL

Offense Position (Please Circle): QB RB WR OL ANY Defense Position: DL LB DB ANY

**WAIVER/RELEASE OF LIABILITY**

**PARENTAL CONSENT**

The parent or legal guardian of \_\_\_\_\_, a participant in the Warrior Football Club Camp (the "Camp"), does hereby grant permission for his/her participation in the Camp and any and all Camp activities.

**RELEASE FROM LIABILITY**

I, the parent or legal guardian of the participant agree to assume all risks and hazards, including potential to contract Covid-19, incidental to participation in the Camp. I also agree to waive, release, absolve, indemnify and hold harmless, the Warrior Football Club, its officers, directors, coaches, sponsors, volunteers, other participants and persons for any claim arising out of injury to my child, whether the result of negligence or any other cause.

**MEDICAL RELEASE**

I hereby grant the Warrior Football Club permission to administer first aid, secure proper emergency medical treatment and/or hospitalize my child in case of emergency, provided the Camp is unable to promptly contact me, according to their best judgment.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

**If Parent/Legal Guardian cannot be reached, call:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS RELEASE.**

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Any Questions, please contact Coach Ruane: ruanej@penntrafford.org*