



# **2021 BOYERTOWN FOOTBALL YOUTH CAMP**

## **“Success on the Field, In the Classroom, and In the Community”**

Our clinic is designed to teach the fundamentals of football. Campers will learn proper position specific technique while having fun and competing in daily competitions.

**Instructors:** Boyertown Football Coaching Staff and the members of the BASH Football Team along with guest speakers

**For:** All Boyertown Area Football Players registered with the Boyertown Optimist from flag football through 6<sup>th</sup> grade

**Dates/Time/Location:** July 12-15 2021 - 5:00 pm – 7:00 pm, BASH FOOTBALL PRACTICE FIELD \*\*\*All BASD COVID SAFETY PLAN PROTOCOLS WILL BE FOLLOWED DURING THE CAMP\*\*\*

**Cost:** \$60 – Checks Made Payable to BAFA. Send checks by mail by July 7, 2021. Walk-ins are welcome! Mail checks and registration to:

BAFA  
P.O. Box 741  
Boyertown, Pa 19512

**Items to Bring to Clinic:** Cleats, sneakers, shorts, Water Bottle, and a Positive Attitude!  
Email any question to Head Coach T.J. Miller at [tmiller@boyertownasd.org](mailto:tmiller@boyertownasd.org)

### **2021 Boyertown Youth Football Camp Registration Form** (Please detach and mail with your payment to the address above)

Player Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

T-Shirt Size (Circle One):     Youth -    S    M    L    XL                     Adult -    S    M    L    XL

Grade: \_\_\_\_\_     Building: \_\_\_\_\_     Age: \_\_\_\_\_

Parent Email: \_\_\_\_\_     Phone #: \_\_\_\_\_

Emergency Contact (Name/Phone #): \_\_\_\_\_

**Parent/Guardian Consent:**

I, hereby, give my consent for my son to participate in all activities of the Boyertown Youth Football Camp. I release the Boyertown Area School District and any other involved parties from any claims or responsibility for any injuries suffered during this activity. I knowingly assume all risks associated with participation, and assume FULL responsibility for my child’s participation. I certify that my child is in good physical condition and can participate. Further, I authorize the site director to request medical treatment as necessary to insure my child’s well being.

\_\_\_\_\_  
Signature Parent/Guardian