

2nd Annual Weddington Warriors Football Camp

June 17-20

8:00-12:00

Early drop-off 7:30

@ Weddington High School

Matthews, NC

Rising 5th – 8th Graders

Mail or drop off completed registration to:

**Weddington Warriors Football Camp
4901 Monroe-Weddington Road
Matthews, NC 28104**

Checks Payable To:

Weddington Football Camp LLC

Daily Activities

8:00-8:15 Camp meeting and stretching

8:15-9:30 5th & 6th Offense

7th & 8th Defense

9:30-9:45 Snack and Water

9:45-11:00 5th & 6th Defense

7th & 8th Offense

11:00-12:00 Competitions

Andy Capone - Camp Director

Coach Capone is entering his 2nd year as the varsity football coach after spending five years as an assistant coach.

Coach Capone's Contact:

704-708-5530

andy.capone@ucps.k12.nc.us

Camp Information

- All campers will be notified by email to confirm registration. If you do not get an email within a week of mailing the form please call or email Coach Capone.
- Football camp will be run by the WHS varsity coaches and players.
- Football camp will be held at WHS.
- Camp day begins and ends at the gymnasium entrance. Vehicle entrance is at the bus loop.
- Campers should bring football cleats as well as tennis shoes.
- All campers will be grouped according to age and/or skill level.
- Camp is *limited* to 150 participants.
- Every camper will receive a camp T-shirt.
- If campers bring a football make sure it is labelled with their name on it.
- Campers are responsible for bringing their own Gatorade and a snack.
- The concession stand will be open with Gatorades, waters and snacks. **Cash only for concession stand.**
- **Total cost of camp \$150.00**
- **\$25 nonrefundable deposit is due with registration. Remainder of money due by the morning of the first day of camp.**
- Make Checks Payable To:
Weddington Football Camp

Mail or drop off completed registration to:

**Weddington Warriors Football Camp
4901 Monroe-Weddington Road
Matthews, NC 28104**

Registration Form

Circle One

5th Grade 6th Grade 7th Grade 8th Grade

Circle one shirt size:

YS YM YL YXL AS AM AL AXL

Camper Information

Name _____

Address _____

Home Phone _____

Current Grade and School _____

Parent email address _____

Emergency Contact Information

Name _____ Relationship _____

Phone _____ Cell _____

Health Information

Current Conditions/Medications please inform director.

Parent/Guardian Consent

Waiver Must Be Signed

The undersigned, being a parent or guardian of the child requesting camp admittance, does hereby affirm the applicants in good health, and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

The undersigned hereby agrees to be responsible for any medical bills incurred in the treatment of illness or accident. In the event of any such accident or injury, I hereby consent to allow any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child without prior consent.

I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians and on behalf of the applicant, hereby release Weddington High School, Weddington Football Camp LLC and all employees and agents thereof, from any and all liability for injury incurred during the camp.

Guardian Signature: _____

Date: _____

Cut the registration form out and mail with deposit.