

Bermudian Springs Youth Football Camp 2024

Dates: July 29th , July 30th, and July 31st (Rain or Shine)

Time: 5:30-8:00 p.m.

Camp Schedule and HighLights

This camp is focused on developing the fundamentals and skill necessary to play the game of football. The athletes will be able to choose which individual position groups they would like to learn on offense and defense and have the ability to change those groups by day. In those groups they will receive direct instruction from our Varsity and Junior High Staff. Position fundamentals will be taught to give players a good foundation to build their skills and knowledge of the game. Above all we are striving to teach the game of football in a safe and fun environment.

Skills Building: Passing, Receiving, Coverage Techniques, Ball Running, Running Fundamentals, Blocking, Tackling, Kicking, Long Snapping, and Punting.

Competitions and Awards

Returning Punt Comp. - Catching Comp. - 7 on 7 Team Award.

Who: B.S.Y.A.A. Youth Football Players grades 3-6, and 7th and entering 8th grade players (Fall 2024)

Where: Bermudian Springs Alumni Stadium Turf Field

Staff: Bermudian Springs Varsity and J.H. Staff - Coach John Livelsberger -Camp Director

Fee: \$50.00 per participant: Checks payable to John Livelsberger

Equipment: All you need for camp is a t-shirt, shorts, cleats or sneakers, and a refillable bottle (camp t-shirt to be handed out at later date)

Questions: Please contact John Livelsberger at 717-451-1488 or email

jlivelsberger@bermudian.org

SIGN UP and WAIVER/RELEASE FORM
BERMUDIAN SPRINGS YOUTH FOOTBALL CAMP 2024

I. PARENTAL CONSENT

I, the parent or legal guardian of _____, a participant in the Bermudian Springs Youth Football Camp, grants permission for his/her participation in any and all conditioning camp activities. I agree to assume all risks and hazards incidental to participation in the conditioning camp.

II. MEDICAL RELEASE

As your child is involved in an active football camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site. In any event please provide both yours and a second contact in case of an injury/emergency.

Participant Name: _____

Grade 24/25 _____ T-Shirt Size(circle one) YL AS AM AL AXL A2XL

Parent or Guardian Name: _____

Home Phone#: _____ Cell #: _____

Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Phone#: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention. Include any medication(s) that your child uses regularly:

I hereby grant permission to Bermudian Springs School District employees to administer first aid, secure proper treatment, and/or hospitalize my (son/daughter) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

Form and Payment can be dropped off the high school office to John Livelsberger's mailbox or on the first day of camp.