



Game Day Combo Camp

June 10th - 13th



**Word of Grace Athletic Fields
Old Redskin Park
13832 Redskin Dr.
Herndon, Va. 20171**

Cost \$90

**Checks payable:
Gameday Football Camp LLC
(\$15 processing fee on all refunds)**

**Turn in forms to your
Coach
or mail to**

**Gameday Football Camp
14814 Hunting Path Place
Centreville, Va. 20120**

**Questions: contact your coach or
email: pab22@aol.com**

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| Monday Helmets only | 2-3:45 QB/WR/RB/TE/DB/LB 3:15-5 QB/RB/TE/OL/DL/LB |
| Tuesday Helmets/Shoulder Pads/Girdle | 2-3:45 QB/WR/RB/TE/DB/LB 3:15-5 QB/RB/TE/OL/DL/LB |
| Wednesday Helmets/Shoulder Pads/Girdle | 2-3:45 QB/WR/RB/TE/DB/LB 3:15-5 QB/RB/TE/OL/DL/LB |
| Thursday Helmets/Shoulder Pads/Girdle | 2-3:45 QB/WR/RB/TE/DB/LB 3:15-5 QB/RB/TE/OL/DL/LB |

What to expect:

This camp will focus on the fundamentals and techniques to prepare you for the upcoming season. Many of the drills will help you develop the skills and timing with teammates that can be used over the summer and in the fall.

What to bring:

Campers should bring helmet, shoulder pads, practice jersey, mouth piece and cleats. Please bring your own water.

Camp Registration Form

Name _____ Grade _____

School _____ Position _____

Home Address _____

Email _____

Home Phone _____

Emergency Contact and Phone # _____

Tee Shirt Size: S M L XL 2XL 3XL 4XL

I, _____ Parent/Guardian of: _____ agree that the Gameday Football Camp can not assume responsibility for medical, dental, or other health expenses incurred as a result of my child's participation at camp

Parent/Guardian Signature: _____

Date: _____

I am aware that with the participation in this camp comes the risk of injury to my child. I understand that the degree of danger and the seriousness of the risk involved with participation in sports. Proof of family medical insurance is necessary for participation in camp.

_____ *Name of Insurance Company*

_____ *Policy Number*

_____ *Name of Insured*