

2019 Team Camp Registration Form

Millersville University

Camper's Name:	
Email address: (for Registration Confirmation	on)
Coach's Name: John Brubaker	Coach's Email john.brubaker@pennmanor.net
Resident Campers: \$290 Resident campers paying \$290 will check of night. Please talk to your Head Coach to de meals and lodging are included on residen	etermine what option to select! All
MILLERSVILLE OVERNIGHT TEAM CAM	<u>P 2019</u>
Please check the camp you will be attending	g:
 MILLERSVILLE TWO DAY CAMP Includes: 6- Practice structions 5- 7 on 7 Interactions 11 on 11 Sessions 5- Meala 1 Night Air Conditioned Dorm Stay * Check out is following Evening Session 	\$215.00 n Day-2
 MILLERSVILLE THREE DAY CAMP Includes: 9- Practice Sussions 8- 7 on 7 Interactions 11 on 11 Sessions 8- Meat 2 Night Air Conditioned Dorm Stay * Check out is following Evening Session 	\$290.00 n Day-3

MILLERSVILLE COMMUTER CAMPS 2018 (No overnight stay)

ERSVILE ONE DAY COMMUTER CAMP MI \$ 95.00 Includes: 3- Practice ses ns 3-7 on Interactions | 11 on 11 Sessions 2- Meals | Lunch & Dinner * Check out is following Evening Session Day-1 MILLERSVILLE TWO DAY COMMUTER CAMP \$175.00 Includes. 6- Practice 6-7 on 7 Internations | 11 on 11 Sessions 4- Meals Loanch a Dinner (both days) * Check out is following Evening Session Day-2 \mathbf{X} MILLERSVILLE THREE DAY COMMUTER CAMP \$270.00 Includes: \$24 for meals 8- Practice Sessions 8-7 on 7 Interactions | 11 on 11 Sessions 6- Meals | Lunch & Dinner (3 days) * Check out is following Evening Session Day-3

CHECK WHAT CAMP YOU WILL ATTEND AT MILLERSVILLE UNIVERSITY

⊠ CAMP #1: July 12,13,14

□ CAMP #2: July 19, 20, 21

□ CAMP #3: July 26, 27, 28

□ CAMP #4: July 23, 24, 25

Checks payable to MPGC for \$24 Due June 27th-hand in to Coach Brubaker

CAMP PAYMENT: MUST BE MADE TO JIM CANTAFIO BY MONEY ORDER.

Important: All Camp Registrations should be given to your Head Coach. Your Coach will then mail everything in as a TEAM to:

SVS, Inc. 133 Bank Barn Lane, Lancaster, PA 17602



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	-	formation will be confi		
Last name	First	Name	Middle Initial	
Home Address				
City	State	Zip	Home Phone	
Emergency contact	name		Emergency contact phone	
Height	Weight	Age	Grade:(nextfall)	Position
School name			Location: (city, state)	
Mother's name			Mother's phone	
			Father's Phone	
SVS T-Shirt size: (n	ot applicable fo	r all camps) 🗆 S 🛛	M L XL XXL X	(XL
SECURITY DEPOSIT: Te	eam Camps:			
	-			d happen: damage to my room, damage to m

I understand that my school will lose the \$250.00 security deposit if any of the following would happen: damage to my room, damage to my hallway, damage to the bathroom facility on my floor, pulling or tampering with the fire alarmon my floor, lamdismissed from camp, lose my room key or combination card. I also understand that if the damages exceed the \$250.00 Team Security Deposit that my parent and I will be billed. Note. If a fire alarm is pulled, everyone on the floor will lose their deposit. I will take full responsibility for any of the above problems and fully understand that I could lose my security deposit.

Sign

Date

Refund Policy:

No cash refunds for underclassmen. All underclassmen will receive a credit to attend future SVS camps. If you do not notify SVS Sports, Inc. in writing at least one week before the start of the camp, there will be no credit given. There will be no exceptions. Cash refunds willonly be given to seniors and a \$100.00 service charge will be applied. All refund checks will be mailed at the end of August.

Total Amount Enclosed:

Make all Money Orders payable to: Jim Cantafie & provide Camp Application Infe to your Head Ceach who will provide to

Coach Cantafio. Have Questions? Call Coach Cantafio- (717) 468-7185 Checks payable to MPGC for \$24, hand in to Coach Brubaker



Middle Initial

2019 Medical Release Form

First Name

Last Name

Parent/Guardian's Name	(Please Print)	Signature		Date
Insured Birthdate:			<	
Father or Mother's name				
Policy #:				
Insurance Company :				
My familyphysician is:			Phone: ()	
If I am not available, cor	itact:	Phone Phone	e:()	
I understand that I will be	contacted during the cl	hild's examination in the	emergency departm	ent.
Date of most recent teta recommended)	anus immunization:		(if more than 10	yrs, booster is
Physical conditions that th	ne physician should be a	aware of: allergies, recur	ring illness, disabilitie	s, chronic illness, etc.
	nedical insurance mus	-		injury requiring treatment or or any medical care given at
at the local hospital to p	rovide such care that . I understand the co	routine diagnostic pro	cedures and medica	orize the physician(s) and staff al treatment as necessary to o not include major surgical
		ytime Phone		's Daytime Phone

17602 Cell: 717-468-7185 | Fax: 717-666-6368 | jim@svssports.com



WAIVER AND ASSUMPTION OF RISK

I, _____, the parent of ______voluntarily sign this waiver and assumption of risk in favor of Susquehanna Valley Sports Inc. (the organization) in consideration for any or all of the following:

- 1. The opportunity to use facilities owned, leased, or operated by the organization, and/or
- 2. The opportunity to receive instruction in an activity from the organization's employees and/or volunteers, and/or
- 3. The opportunity to engage in the activities sponsored or conducted by the organization.

Ifully understand that there are certain risks and dangers associated with the facilities, instructions, equipment and/or activities that cannot be eliminated regardless of the care taken to avoid injuries and that these risks and dangers have been fully explained to me. I fully understand the risks and dangers involved. I fully assume the risks and dangers involved as acceptable to me, and I agree to use my best judgment in undertaking these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue, and agree to indemnify and hold harmless Susquehanna Valley Sports Inc. from any claims, actions, suits, costs, expenses, damages or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damage that may arise from my child's use of the facilities or equipment or from participation in the activities or receipt of instruction.

I am a competent adult and I assume these risks of my free will. I have read this Waiver and Assumption of Risk and I understand its full terms. I understand that I am giving up substantial rights and I acknowledge that I intend by my signature that this be complete and unconditional release of liability to the greatest extent of the law.

Dated _____

rinted Name
rinted Name

Millersville Team Camp Schedule

	Day 1		
7:00 – 9:00 AM	Teams check into dorms. All coaches must reserve a check-in time with Coach Cantafio. If a team cannot make it between 7:00-9:00 AM they can arrange a check in time with coach. Call Coach Cantafio at 717-468-7185.		
9:30 – 11:30 AM	Team practice time. All teams will be assigned a practice field. If you arrive early for check you can report to your practice field as soon as you are ready. Assigned practice fields will be used Day #1 AM, Day #2 and #3 evening. All other times you report to your assigned 7 c 7 field for team work-out.		
11:30 AM	Mandatory Head Coaches meeting in the café.		
12:00 Noon	Lunch. All coaches must supervise their players in the café. Please make sure they return their food trays to the wash room.		
1:30 – 3:30 PM	Team practice time at your 3:30 assigned field.		
3:30 – 4:30 PM	 Interaction #1. Check schedule for assigned field and team you are up against. Offensive line clinic provided by the Millersville staff. Send your O-Line to assigned area for O-Line work. This clinic will be available Day #1 afternoon, Day #2 and #3 morning and afternoon. 		
	COACHES MENU		
	 7 on 7 Period 11 on 11 Period 8 on 8 Period (Inside Run) with WR VS DB one on one's O-Line vs D-Line one on one's Coaches are to get in contact with each other and decide before they get to camp of what they want to do during this period. VERY IMPORTANT: All coaches will have contact information for every team they g up against. Please get in contact with each other to set your practice schedules. You will get camp schedules at least one month before the start of camps. Two teams will be assigned a full field during interactions period. Varsity on one side JV on the other. Helmets are allowed in camp. If you do 11 on 11 or 8 on 8 the up-front players must use shields. NO SHOULDER PADS ARE ALLOWED AT CAMP. 		
5:00 PM	Dinner		
6:30 – 7:30 PM	Team practice at assigned interaction field		
7:30 – 8:30 PM	Interaction #2. Use menu for this period.		
8:45 PM	Camp ends for the day.		

	Day 2
	Day 2
7:00 AM	Breakfast
8:00 – 9:30 AM	Team practice at assigned 9:30 AM interaction field.
9:30 – 10:30 AM	Interaction #3. Use menu for this period
10:30 - 10:50	Break
10:50 - 11:50	Interaction #4. Use menu for this period.
12:00 Noon	Lunch
12:30 – 2:00 PM	Kicking instruction on game field. John Zima
1:30 – 3:30 PM	Team Practice time at your assigned 3:30 PM field.
3:30 – 4:30 PM	Interaction #5. Use menu for this period
5:00 PM	Dinner
6:30 – 8:30 PM	Report to assigned practice field. Same field you reported to Day #1 morning.
	Coaches' choice for this period.
	Team practice
	• 7 on 7
	• 11 on 11
	• 8 on 8
	One on one's
	You are not assigned a team to go up against. It is the head coaches responsibility to arrange
	and interaction with another team. You can do this in advance or at the mandatory coaches
	meeting the first morning.
8:45 PM	Camp ends for the day.
11:00 PM	Camp curfew. All players in bed.
	Day 3
7:00 AM	Breakfast
8:00 – 9:30 AM	Team practice at assigned 9:30 AM interaction field.
9:30 – 10:30 AM	Interaction #6. Use menu for this period
10:30 - 10:50	Break
10:50 - 11:50	Interaction #7. Use menu for this period.
12:00 Noon	Lunch
12100 110011	Must arrange check-out with Coach Cantafio
12:30 – 2:00 PM	Kicking instruction on game field. John Zima
1:30 – 3:30 PM	Team Practice time at your assigned 3:30 PM field.
3:30 – 4:30 PM	Interaction #8. Use menu for this period
5:00 PM	Dinner
	Must arrange check-out with Coach Cantafio
6:30 – 8:00 PM	Report to assigned practice field. Same field you reported to Day #1 morning.
	Coaches' choice for this period.
	Team practice
	 7 on 7
	• 11 on 11
	• 8 on 8
	 8 on 8 One on one's
	 8 on 8 One on one's You are not assigned a team to go up against. It is the head coaches responsibility to arrange
	 8 on 8 One on one's You are not assigned a team to go up against. It is the head coaches responsibility to arrange and interaction with another team. You can do this in advance or at the mandatory coaches
6-20 9-20 DM	 8 on 8 One on one's You are not assigned a team to go up against. It is the head coaches responsibility to arrange and interaction with another team. You can do this in advance or at the mandatory coaches meeting the first morning.
6:30 – 8:30 PM	 8 on 8 One on one's You are not assigned a team to go up against. It is the head coaches responsibility to arrange and interaction with another team. You can do this in advance or at the mandatory coaches meeting the first morning. Camp Check-out
6:30 – 8:30 PM	 8 on 8 One on one's You are not assigned a team to go up against. It is the head coaches responsibility to arrange and interaction with another team. You can do this in advance or at the mandatory coaches meeting the first morning.

٠	If you are interested in checking out after dinner on the 3 rd night you must make
	arrangements with Coach Cantafio in advance.