

# REGISTRATION

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M / F \_\_\_\_\_ (19-20 School Year)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor Name & Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**Parent/Guardian Health Certification and Medical Release Authorization:** I hereby approve of my child(s) participation in the Lancer Youth Football Camp and certify that he/she is in good health and able to participate in all activities. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the camp staff to secure the services of a licensed physician (or emergency room of a hospital) to provide the care necessary, including anesthesia, for my child's well being. I also understand that my insurance company or I am responsible for any/all medical costs incurred.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Liability Waiver:** I agree to hold Lancer Youth Football Camp, and anyone associated with the Camp, free from any liability for any injury, accident, or property loss of any kind while my child is participating in the Lancer Youth Football Camp program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Men's T-Shirt Size: S M L XL XXL

Cost of Camp: \$60 first child  
\$30 each additional child

Amount Enclosed: \$ \_\_\_\_\_

**Please make checks payable to: Friends of Lancer Football**

**Please Return Registration Form and Payment to: Lancer Youth Football Camp  
106 Maple Drive  
Edinboro, PA 16412**



# 2021 Lancer Youth Football Camp

**July 19 - July 23**

**10am - 12:30pm**

For campers entering into  
2nd through 6th grades



## WHEN & WHERE

**July 19 - 23**  
**10:00am - 12:30am**

Linden Field at  
General McLane High School.



## WHAT TO BRING

- \*Cleats (football or outdoor soccer recommended)
- \*Shorts/Sweatpants (weather appropriate)
- \*Towel
- \*Sweat Socks
- \*Water Bottle (name written)

## FOR FURTHER INFORMATION CONTACT:

Jim Wells, Coach  
814-431-5064

[jameswells@generalmcclane.org](mailto:jameswells@generalmcclane.org)

## PURPOSE OF THE CAMP

The purpose of this camp is to promote character development and expose young athletes to the fundamental skills of football. Each participant will receive instruction from varsity coaches in the following areas:

Agility Training  
Flexibility  
Individual Skills  
Nutrition  
Proper Training Techniques  
Speed  
Team Concept

Our goal is for each athlete to learn valuable skills and have a positive experience that they will remember.

~ Coach Wells



All Campers will receive a Lancer  
Youth Football T-Shirt!

## AREAS OF INSTRUCTION

### Offensive Positions

(Athletes will choose one area)

**Quarterback:** Hand-offs, Pass Drops, Throwing Mechanics, Option Fundamentals

**Receiver:** Receiving Mechanics, Route Running, Release Moves, Blocking Fundamentals

**Running Back:** Running Fundamentals, Option Techniques, Blocking Fundamentals

**Linemen -** Technique, Drills, Blocking Fundamentals

### Defensive Positions

(Athletes will choose one area)

**Linebacker:** Fundamentals, Pass Drops, Zone & Man-to-Man Coverage Techniques

**Defensive End/Line:** Pass Rush, Techniques, Defending Option, Defending the Run

**Defensive Back:** Fundamentals, Ball Reaction, Zone & Man Coverage Techniques

(Linemen can choose to work as a unit with coaches during the entire camp.)

## TYPICAL CAMP SCHEDULE

9:45	Coaches are Available
10:00	Flexibility/Running/Fundamentals/ Plyometrics
10:20	Individual Offensive Skills
11:00	Water Break
11:05	Individual Defensive Skills
11:30	Games/Competition