

### CAMP OBJECTIVE

This camp is designed to emphasize improvement of fundamentals and techniques related to each camper's position and skill level. Campers will be coached in offensive, defensive skills as well as speed and agility techniques.

We strive to give our younger campers a solid well-rounded curriculum that allows opportunities for participation with a variety of positions and skills.

Particular attention is given toward increasing the self-esteem and psychological development of each camper. Our goal is for each camper to have a safe and positive experience. We stress individual attention, improving skill level, and having an enjoyable week!

Campers are under district policies while attending the camp. **Failure to follow these policies may result in dismissal from camp by the staff.**

6:30-6:45	Check-In
6:45-7:00	Dynamic Warm-Up
7:00-8:00	Offensive Skills
8:00-8:10	Break
8:10-9:10	Defensive Skills
9:10-9:45	Games
9:45	Parent Pick Up

### Cost

Youth CAMPER.....FREE!

*Mail Registration To:*

**Highlander Youth Football Camp  
Baldwin High School  
4653 Clairton Blvd.  
Pittsburgh, PA 15236**

For additional information please  
Contact Coach Wagner at:  
[pwagner@bwschools.net](mailto:pwagner@bwschools.net)

**Or visit our website at:**  
<http://bwhighlanderfootball.weebly.com/>

# 2013 Highlander Youth Football Camp

GRADES 1-8

**Date: Thursday, July 18th  
Time: 6:30pm-9:45pm  
Location: Baldwin High School  
Cost: FREE!**



## **WE ARE ONE!**

Featuring:  
Jason Pinkston BHS Class of '06—  
of NFL's Cleveland Browns

Highlander Coaching Staff

Parent Release, Medical Treatment Authorization And Health Statement

CAMPER'S NAME \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN NAME  
(PLEASE PRINT)

\_\_\_\_\_  
RELATION TO CAMPER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE:

\_\_\_\_\_  
MEDICAL INSURANCE CO.

\_\_\_\_\_  
POLICY NO.

\_\_\_\_\_  
Please list any medical conditions or allergies that the camper might have of which the medical authorities should be aware in order to administer medical treatment:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
EMERGENCY CONTACT  
NAME : \_\_\_\_\_

\_\_\_\_\_  
EMERGENCY CONTACT  
PHONE # \_\_\_\_\_

I hereby authorize and give my consent to the Health Authorities of Baldwin High School and directors of the Highlander Football Camp, the Athletic Training Staff or any licensed physician to perform upon or administer to  
NAME OF PARTICIPANT (PRINT) \_\_\_\_\_

\_\_\_\_\_  
any reasonably necessary medical or surgical treatment and to act for me according to their best judgment in any emergency requiring medical attention. In the event of indicated major surgery, the Highlander Camp Staff authorities or athletic staff are not hereby excused from attempting to contact me by phone, or mail, before relying upon this authorization. I hereby waive, hold harmless and release Baldwin High School, and Highlander Football Camp Staff. My signature also certifies that my son has obtained proper medical care for any current medical condition. I will be responsible for any medical or other charges in connection with his attendance at camp. This permission is good only while the participant is attending the Highlander Football Camp and only until the participant has attained his eighteenth birthday.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**APPLICATION INFORMATION**

CAMPER'S  
NAME \_\_\_\_\_

\_\_\_\_\_  
DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DAYTIME  
PHONE \_\_\_\_\_

HOME  
PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE ENTERING FALL '13 \_\_\_\_\_