

Camper Health History



Name _____

Date of Birth _____ Emergency Phone Number _____

Has the camper ever been treated for any of the following:

	YES	NO
Allergies	___	___
Asthma	___	___
Blood Disorder	___	___
Cancer	___	___
Chicken Pox	___	___
Diabetes	___	___
Eye Injury	___	___
Fainting/Seizures	___	___
Head Injury	___	___
Hearing Problems	___	___
Hepatitis	___	___
Hernia	___	___
H/L Blood Pressure	___	___
Insect/Bee Stings	___	___
Mononucleosis	___	___
Muscular Disorder	___	___
Orthopedic Disorder	___	___
Respiratory Illness	___	___
Surgery/Hospital Stay	___	___
Other/Explain _____		

Has the camper been properly immunized? Y___ N___

Does the camper take medication? Y___ N___

Explain _____

Are there any physical or emotional conditions that might bear on the camper's abilities or performance? Y___ N___

Explain _____



All-Star Football Camp, LLC
16 Eleron Place
Wayne, New Jersey 07470

13th Annual ALL-STAR Football Camp

Ages 7—15

Week 1	Week 2
July 5—8 (Tue.— Fri.) Wayne David Waks Memorial Field (Formerly Barbour Pond)	July 11—14 (Mon.— Thur.) Fair Lawn Center Rec. Field

Visit our web site at:
www.allstarfootballcamp.com

All-Star Football

All-Star Football Camp is an “*instructional camp*” designed to teach and further develop your individual skills. All-Star Football Camp is a “*non-contact*” camp. Our camp teaches self-confidence, respect and success.

At All-Star Football Camp you will receive:

- First rate instruction from the finest football coaches/players in the area.
- Speed, strength & agility training
- Low camper to coach ratio.
- Punt, pass & kick competitions.
- Station drills; small group instruction.
- Individual and team awards.
- Two touch football games daily.
- Camp T-shirt and football.

DIRECTOR

John DePalma: ♦14 years high school coaching experience ♦High School Administrator ♦4 Coach of the Year Awards ♦Coached many All-League, All-County, and All-State athletes

STAFF

Frank Morano: Rutherford HS **Jason Cameron:** Cliffside Park HS
Roger Kotlarz: Becton Regional HS **Matt Occipinti:** Ramapo HS
Vito Campanile: Westwood Regional HS **Anthony Campanile:** Don Bosco Prep HS
Andy Howell: Rutherford HS **Steve Dunn:** Rutherford HS
Sean Ryan: Rutherford HS **Robert Nutile:** P.C.T.I.
Robert Urbanovich: Ramapo HS **Don Sellari:** *Sports University*

In addition, our staff is comprised of many other experienced high school and junior level coaches as well as outstanding college athletes.

For more information contact:
Michele DePalma, Camp Coordinator
973-696-8451 or 201-280-1987
Email: coachjdp1339@cs.com

Camp Details

AGES

Athletes entering grades 2nd thru 9th in September 2011.
Players will be divided into groups by age and/or ability.

DATE - TIME - LOCATION

Week 1: July 5—8 Wayne 8:30 am - 3 pm*
(Tue.—Fri.)
David Waks Memorial Field
(formerly Barbour Pond Field)
Barbour Pond Rd., Wayne, NJ
(off of Valley Road)

Week 2: July 11—14 Fair Lawn 8:30 am - 3 pm*
(Mon.—Thur.)
Center Rec. Field
Romain Street, Fair Lawn, NJ
(behind Fair Lawn High School)

* Last day of camp: Award ceremony starts at 2 pm

LUNCH

Campers must provide their own lunch
Small coolers to store lunch/drinks are recommended
(**Note:** a pizza lunch will be provided on last day)

Snacks/beverages may be purchased on site

COST

\$210 covers four days of instruction, camp T-shirt, football,
last day pizza lunch, plus certified trainer

\$375 for both weeks

Enrollment is limited

CALL FOR GROUP AND TEAM DISCOUNTS!

CANCELLATION POLICY

A \$50 cancellation fee will be applied for cancellations after June 1st.

Registration Form 2011

BOTH SIDES MUST BE COMPLETED

CIRCLE WEEK(S) ATTENDING: #1 - Wayne #2 - Fair Lawn

Registrant's Name

Grade in Sept. 2011

Address

City, State, Zip

Email Address (important)

Telephone Number/Cell Number

T-Shirt Size (Please circle one)	Youth: Med. Large X-Large
	Adult: Sm. Med. Lg. X-Lg.

WAIVER AND RELEASE

In consideration of the acceptance of this application, we the below signed, our heirs, consenters, administrators to be legally bound to the terms and conditions hereafter set forth: We hereby give our consent and approval to the participation of the applicant in the program conducted by the All-Star Football Camp and certify that he/she is physically fit to take part in all activities. Further, we do hereby waive, release and forever discharge said organization, its staff, officers, agents, representatives, employees and their successors and agents from any and all claims for damages concerning or ensuing from an accident, injury to person or loss of personal property occurring during this stated camp, his/her participation in activities or arising from his/her traveling to or from camp. WE ALSO AUTHORIZE THE DIRECTOR OF THE ALL-STAR FOOTBALL CAMP TO ACT FOR ME ACCORDING TO HIS BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

SEND REGISTRATION WITH CHECK PAYABLE TO:

All-Star Football Camp, LLC
16 Eleron Place
Wayne, New Jersey 07470

FOR OFFICE USE ONLY

Date Rec.	Health Form	Immunization Record	Camper Number