



## Youth Football Training Camp

### Registration Info

#### **Top Corner Sports Mission Statement**

Thank you for registering for a TOP CORNER SPORTS camp option. Please review our camp procedure and policies for a better understanding of TCS Camps are run throughout the year. TCS goal is as always to provide children of all ages and skills levels an exciting and motivating experience to enhance their physical and social awareness by use of Sports. To ensure these experiences with our campers TCS employs a highly skilled and professionally trained coaching staff who bring unique experiences to the facility.

**Youth Football Training Camp** at Top Corner Sports will consist of high intensity, age/skill appropriate drills and activities in a controlled environment allowing players to develop the necessary skills needed to further their understanding and passion of the game. Perfect for any athlete in 8-13 years old showing a passion or interest for the game of football, from those who have played in organized flag football leagues to those players who have played youth tackle football. Highly regarded high school coaches and local college football players will run players through a variety of drills and activities focusing on the fundamentals of every position on the field.

Topics covered throughout the week

- Offensive Positions and Techniques (QB/RB/WR/TE/O-line)
- Defensive Positions and Techniques (LB/DB/D-line)
- Special Teams Techniques (Kicking/Punting/Long Snap/Holder)
- Heads Up Tackling Demonstrations
- Live game plan strategy sessions (learning offensive plans and defensive formations)
- Fun/Safe/Exciting atmosphere every day.



Registration/Paper Work

All Camp registrations and payment can be done online at [www.topcornersports.com](http://www.topcornersports.com) or by calling a Top Corner Sports Representative at (908) 722-3333. After registration is complete, all campers must fill out and return the following:

- 1) TCS Waiver
- 2) TCS Camp Registration Form
- 3) TCS Authorization for Administration of Medication Form

\* Please note that these forms only need to be filled out one time per year, but each form must be filled out per child.

**Youth Soccer Camp Options (Please Circle all that applies)**

Camp Dates	Camp Day (9:00-12:00)	Play4Mance Afternoons (12:00-4:00)	Play4Mance Afternoon Days of the Week Registering for (Circle days of the week you want)	AM CARE 8:00-9:00 \$8/day	PM CARE 4:00-6:00 \$15/Day
6/24 – 6/30	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F

BALANCE = \_\_\_\_\_

REGISTRATION PAYMENT (Please check 1)

- REQUIRE PAYMENT PROGRAM
- CHARGE CREDIT CARD WITH FULL BALANCE



## Top Corner Sports Camp Registration Form

### **Camper Info**

Campers Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Current or Entering Grade \_\_\_\_\_

### **Camper Contacts**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian/Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Pick Up Alternatives (In the event those named above are unable to pick up the child I authorize the following contacts to pick up)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



Top Corner Sports  
Camp Registration Form

**Camper Medical Information**

Preferred Hospital \_\_\_\_\_

Immunizations up to date as of \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

**Heath History Report**

Does your child experience frequent (please check all that apply)

Headaches \_\_\_ Sore Throat \_\_\_ Ear Infections \_\_\_ Respiratory Infections \_\_\_ Stomach Virus \_\_\_ Cold/Flu \_\_\_

Any recent medical attention or serious injuries (with dates) \_\_\_\_\_

Any recent psychiatric counseling or hospitalization (with dates) \_\_\_\_\_

Any Disability or chronic/recurring illness \_\_\_\_\_

Seasonal Allergies (Please List) \_\_\_\_\_

Food Allergies (Please List) \_\_\_\_\_

Allergy Treatment \_\_\_\_\_

**Camper Behavioral/Personal Information** (information for TCS Camp Director only)

Any Restricted activities or physical limitations of camper \_\_\_\_\_

Any medication to be administered while at camp ( If yes please fill out Medication release form) \_\_\_\_\_

Any behavioral or emotional information for camp director \_\_\_\_\_

Any dietary restrictions \_\_\_\_\_



**Health History Statement:** This health history is correct to the best of my knowledge, and the camper listed above has permission to engage in all camp activities without limitations except as noted.

**Emergency Authorization:** In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to obtain any and all necessary medical treatment for the camper named above.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Credit Card Information (if using this as form of registration)**

Credit Card Type \_\_\_\_\_ Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code \_\_\_\_\_

Authorization to save in TCS System for recurring payments \_\_\_\_\_

\*\*Receipts will be send via email once CC has been processed. If you do not receive a payment receipt within 2 weeks of submitted registration form, please contact front desk.

\*\*\* If you would like to be placed on a payment plan for summer camps please contact [dleary@topcornersports.com](mailto:dleary@topcornersports.com) (Dan Leary).