

FOOTBALL CAMP



BOYS & GIRLS AGES 7-12

AHS HEAD COACH, MATT DELOACH AND STAFF WILL LEAD
THIS 5 DAY CAMP AT ACS ENGLISH STADIUM

Learn

- Fundamentals
- Techniques
- Skills & Drills
- Speed Training
- 7 on 7 Competition on Friday
- How to play football safer



JULY 17-21

- 7-10 yr olds: 9:30-11:30am
- 11 & 12 yr olds: 1:30-3:30pm
- \$40 per child (exact cash or write check to ACS) no credit cards

- *Register by July 3rd to guarantee a shirt
- *Bring a water bottle



2 WAYS TO REGISTER:

.ALTAVISTAYMCA.COM OR AT THE Y/ ACS

2023 Altavista Summer Football Camp



Boys and Girls Ages 7-12

Learn Fundamentals, Techniques, Skills, Drills, Speed Training, Playing Football Safer, and a 7 on 7 Competition at the end of Camp

Each Camper receives a Free Camp T-Shirt

Cost is \$40 per camper

July 17-21 7-10 yr. olds: 9:30-11:30am

11&12 yr. olds: 1:30-3:30pm

Camp will be led by AHS Football Staff at English Stadium

Registration forms can be turned into Shannon Moorman @ AHS or to David Tucker at the YMCA

Mail Registration form & payment to: **(Make Checks Payable to ACS)**

Coach Matt Deloach

904 Bedford Avenue

Altavista, VA 24517

For any questions, contact:

Coach Matt Deloach – mdeloach5017@gmail.com or David Tucker (YMCA) dtucker@altavistaymca.com

(Tear off and Return Bottom part with payment) **Only 1 check needed if paying for siblings.

Name _____ Age _____ Grade Completed _____

Emergency Contact & Number (print) _____

T-Shirt Size (Circle One) **Youth or Adult** Circle One: S M L XL 2XL 3XL

Camp Attending (Circle One) 7-10 yr. olds: 9:30-11:30am 11&12 yr. olds: 1:30-3:30pm

I give my child permission to participate in this Football Camp and will not hold Altavista Football Camp staff and members responsible for any accident or injury that may occur to my child. I hereby consent to allow my child to receive any necessary medical treatment for any condition or injury while attending the Altavista Football Camp. I understand that I am responsible for any expenses incurred on his/her behalf in connection with treatment.

Parent/Guardian _____ Date _____