

Placekicking Camp Saturday May 22nd

(Max. 50 Participants)

Every Player will receive:

- Two on field practice sessions
- One Classroom session
- Great Coaching
- Training manual for in season, post & preseason.
- A Good For "3" Camp T Shirt
- A McMaster Football Gift
- A Nutritious Lunch
- A Pair Of Tickets To a McMaster Marauder home game.
- Access to some of the best facilities in the CIS

CAMP COST

\$120 Pre Registered
\$130 at the door

WHAT TO BRING:

SHORTS
T-SHIRT
CLEATED SHOES (FOR KICKING)
WATERBOTTLE
KICKING TEE
FOOTBALL
(LABELLED WITH YOUR NAME)

Private Lesson Camp Sunday May 23rd

(Max. 10Participants)

Every Player will receive:

- Personalized Instruction and skill development from Paul Osbaldiston, Coach Segin & Other Coaches
- Advanced Kicking drills & Techniques to improve mental & physical performance.
- One Classroom session
- Personal DVD of One on One Instruction session.
- A Nutritious Lunch

CAMP COST

\$150 Pre Registered Only
(Max. 10 participants)

WHAT TO BRING:

SHORTS
T-SHIRT
CLEATED SHOES (FOR KICKING)
WATERBOTTLE
KICKING TEE
FOOTBALL
(LABELLED WITH YOUR NAME)

Placekicking Camp Saturday May 22nd

Schedule of Events (Tentative)

- 8:00AM-8:45AM: Registration & Welcome
- 8:45AM-9:45AM—Practice #1
- 11:00AM—12:00PM—Classroom session
- 12:15PM- 1:00PM—Lunch
- 1:00PM-2:15PM Practice #2
- 2:15PM-2:30PM—Break and Stretch
- 2:30PM-3:45PM—Practice#3
- 3:45PM-4:00PM—Wrap up & Closing Remarks

Coaches Session

Saturday May 22nd

Schedule of Events (Tentative)

- 4:30PM-6:00PM—Classroom Session on Skills & Drills to help in development of young kickers as well as those ready for "The next level"
- 6:30PM—Meet the Coaches—Boston Pizza

****Note: All Coaches registered for the Coaches Session are invited on field throughout the day of the Camp on May 22nd.**

Private Lesson Camp Sunday May 23rd

Schedule of Events (Tentative)

- 8:45AM: Registration & Welcome
- 8:45AM-11:00AM—Practice #1
- 11:15AM—12:15PM—Classroom session
- 12:15PM- 1:00PM—Lunch & Film
- 1:00PM-2:30PM Practice #2
- 2:30PM-2:45PM—Break and Stretch
- 2:45PM-3:45PM—Practice#3
- 4:00PM—Wrap up & Closing Remarks

Consent Form

(Participants Name)

I, the undersigned, hereby acknowledge that certain risks of injuries are inherent to participation in recreational activities, sporting activities, lesson/laboratory experiments and transportation to, from and at camp. These types of injuries may be minor or serious and may result from one's actions, or the actions or inactions of others or a combination of both.

I hereby understand that certain activities require a minimum level of fitness and health (physicals, mental and emotional) and that each person has a different capacity for participating in these activities. Some activities involve an intense level of activity.

I hereby agree that G.F.Y. Athletics, McMaster University, its faculty, staff and agents shall not be liable for any injury, loss or damage to person or property, incurred during this program, including deterioration of health or illness or aggravation of condition resulting from participation in these activities, property damage or lost property.

I have thoroughly read the information brochure and understand the intensity is high. All registrants must participate in all listed in the daily description. If a child has temporary restriction, make sure we are informed in writing.

If at any time emergency medical treatment is necessary for my child, I give my consent for treatment to be given. Every effort will be made to contact parent/guardian and or emergency contacts. G.F.Y. Athletics, McMaster University may decline a camper due to physical and/ or verbal abuse towards staff and campers.

I hereby authorize G.F.Y. Athletics, McMaster University to take photographs of my child named in this application ('my child') during camp activities and to display and otherwise use these photographs without charge solely for the purpose of promotional material in connection with the Department of Athletics and recreation children's camps.

I declare having read and understood the above informed consent agreement in its entirety and hereby give my consent for the registrant to participate knowing all the foregoing.

Signature _____ Date _____

Witness _____ Date _____

G.F.Y. Athletics

For More Information please contact:
Dana Segin

Phone: 905-467-4963
E-mail: gfyathletics@gmail.com