

FAIRFAX ATHLETIC BOOSTERS

present

# **FAIRFAX YOUTH** **FOOTBALL CAMP**

**2022**

**(NON-CONTACT)**

JUNE 13-17      9AM-2PM

@STAFFORD PARK

FAIRFAX, VA

FOR AGES 8 TO RISING 9<sup>TH</sup> GRADERS

COST: \$150

**CAMP WILL BE STAFFED BY CURRENT FAIRFAX**  
**FOOTBALL COACHES AND PLAYERS**

## **CAMP GOALS**

IMPROVE INDIVIDUAL TECHNIQUE

IMPROVE AGILITY AND SPEED

GAIN CONFIDENCE ON THE FIELD

GAIN KNOWLEDGE OF THE GAME

HAVE FUN!!!!

## **NEEDED EQUIPMENT**

MOUTHPIECE

CLEATS

ATHLETIC ATTIRE

### **DAILY CAMP SCHEDULE**

9:00: STRETCH / WARM-UP  
9:15: AGILITY/SPEED DEVELOPMENT  
10:00: OFFENSIVE POSITION WORK  
11:00: SPECIAL TEAMS SKILLS  
12:00: LUNCH  
12:30: DEFENSIVE POSITION WORK  
1:30: CAROLINA FOOTBALL (FLAG FOOTBALL)

## **YOUTH CAMP REGISTRATION**

CAMPERS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

GRADE FOR 21-22: \_\_\_\_\_ SHIRT SIZE: \_\_\_\_\_

### **Agreement/Medical Waiver**

I hereby state that my child(ren) is in good normal health and has my permission to participate in all activities of this camp. In addition, I authorize the Fairfax Camp Staff to act for me in securing medical treatment for my child in the event of injury or illness. A registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending any Fairfax Camp they release the Camp, Sponsor, Counselors and Director from any and all liability, and that the Fairfax Athletic Boosters cannot assume responsibility for medical, dental or other health expenses incurred as a result of my child's participation in camp.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: FAIRFAX ATHLETIC BOOSTERS**

**RETURN TO:**

**FAIRFAX HIGH SCHOOL**

**ATTN: COACH TAYLOR**

**3501 LION RUN**

**FAIRFAX, VA 22030**

SNACKS, GATORADE,  
WATER WILL BE  
AVAILABLE AT THE SNACK  
BAR DAILY

QUESTIONS???  
CALL OR EMAIL COACH TAYLOR  
703- 219-2242 (office)  
rstaylor@fcps.edu