



Eagle Football Camp

July 25th – July 29th

**Mt. Ararat High School
Football Practice Field**

**For Players Entering Grades 9-12
(Grades 7 & 8 should look for the BAYFL Camp)**

Cost: \$60.00 per participant (includes T – Shirt)

**Director: O’Neil Laplante, Head Football Coach,
Mt. Ararat High School**

Camp Times

Sessions will begin promptly at 4:00pm **Monday through Friday**. Sessions will end at approximately 6:15 pm. Players are encouraged to arrive early for equipment check and any other issues that may arise.

Location

Mt. Ararat High School Football Practice Field. Across the street from Wicked Joe’s Coffee Roasters, between the High School and Middle School campuses.

Equipment

This **is a non-contact camp**. Gear required will be: Cleats, shorts, t-shirt and water bottle.

Supervision

Players will be under the supervision of camp staff at all times. Staff will be made up of the Mt. Ararat High School coaches.

For Further Information Contact:

Topsham Parks & Recreation, at 725-1726

Eagle Football Camp Application

Name: _____ . Grade: _____ .

Address: _____ .

Town: _____ . Zip: _____ .

Home Telephone: _____ . E-Mail: _____ .

Parent/Guardian: _____ .

Position (Offense) _____ Position (Defense) _____ .

Height: _____ Weight: _____ . Shirt Size: S M L XL XXL

Parent/Guardian Consent Form must be signed and completed in full for child to be allowed to participate in Eagle Football Camp.

I approve of my son/daughter attendance and participation at the Eagle Football Camp.

I understand the Eagle Football Camp, Topsham Parks & Recreation, and Mt. Ararat Football will not be held liable or responsible for accidents, illness, and/or dental expenses incurred as a result of this program.

He/she is in good health and is able to participate in all camp activities. I will notify the camp director of any medical complications. By signing this form I hereby give my permission for my child to be attended to by emergency personnel in case of emergency. Each participant must have his or her own medical insurance. No player will be allowed to participate in this program without insurance company and policy number listed below, along with signature of consent.

Signature: _____ . Date: _____ .

Insurance Company: _____ .

Policy Number: _____ .

Make Check payable to and send Registration to:

**Topsham Parks & Recreation
100 Main Street
Topsham, Me. 04086**

It is the mission of the Eagle Football Camp to give quality instruction to the athletes of MSAD 75 in the basic techniques and concepts of the game of Football. It is the hope of the Camp Director that each camper has an enjoyable learning experience while learning the fundamentals of the game of Football

Deposit 74-2205