

Iona Prep Football Youth Camp

7th Year



Hosted by: Head Coach Joe Spagnolo & the Iona Prep Coaching Staff

Develop the skills necessary to become a better Football Player



Grades 5 - 9

June 26 - June 29

5:00 pm - 8:00 pm

Helmets & Shoulder Pads are required
Equipment Rental Available



Schedule of a Typical Day

5:00 – 5:15 Arrival / Attendance
5:15 – 5:30 Dynamic Stretch
5:30 – 6:00 Individual Offensive Period
6:00 – 6:30 Individual Defensive Period
6:30 – 7:00 Fundamental circuit
7:00 – 7:30 1 on 1's / Pass pro
7:30 – 8:00 Team / Games

Individual Rate: \$250

Group Rate: \$200

Equipment Rental Fee: \$50

Group Rate for 5 or more Participants

*If you have any questions contact
Joe Spagnolo: jspagnolo@ionaprep.org*

Iona Prep Football Youth Camp

Payment & Equipment Rental

Completed forms and Check made payable to Iona Prep should be sent to:

Coach Joe Spagnolo Iona Preparatory School

255 Wilmot Road New Rochelle, NY 10804

If you do not have a helmet and shoulder pads, an additional equipment rental fee of \$50 will be added to your cost. Equipment fitting is from 4:00-5:00pm Monday the 26th (Day 1).

Medical Information

Name of Participant _____

Allergies & Dietary Restrictions: Please list, describe reaction and management of the reaction as applicable.

Medications: Please list all medications (including over the counter or non -prescription) taken regularly. Please inform the clinic director if your child needs assistance with the administering or storage of daily medication.

Medication: _____ Dosage: _____

Time taken: _____ Reason for taking: _____

Physician Contact Information: Physician Name: _____ Office Phone: _____

Past Medical Treatment: Please list any major medical treatment, type and date which you feel we should be informed about.

Permission to Secure Treatment: In the event of any emergency, I authorize Iona Preparatory School to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for my child's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I authorize the release of the medical information contained in this form. I understand that this authorization includes transporting my child by ambulance if necessary to the nearest medical treatment facility or hospital if I am unable to be reached first.

Signature of Parent or Guardian _____

Printed Name _____ **Date** _____

Waiver & Release Form

Name of Participant _____

Release of Liability I recognize and acknowledge that there are certain risks of physical injury to participants and I agree to assume the full risk of any injuries, damages or loss regardless of severity which my son may sustain as a result of participating in any and all activities connected with the program. I agree to waive and relinquish all current and unknown future claims my son may have against Iona Preparatory School and its officers, trustees, agents, employees and volunteers as a result of participation in the program. I do hereby fully release and discharge Iona Preparatory School and its officers, trustees, agents, employees and volunteers from any and all claims from injury, damage or loss arising from the activities of the program. I further agree to indemnify and defend Iona Preparatory School and its officers, trustees, agents, employees and volunteers against, and hold them harmless from, any and all claims resulting from injuries, damages, and losses sustained by my son arising out of, connected with, or in any way associated with the activities of the program.

Photography Release

I give permission for my son's picture to be used in advertisements and on the web-site of Iona Preparatory School. I have read and fully understand the above Release of Liability and Photography Release.

Signature of Parent or Guardian _____

Printed Name _____ **Date** _____

Name of Participant: _____ Age: _____ Grade _____ School _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____