

**2019 KNIGHTS
FOOTBALL CAMP
APPLICATION FORM**

Name _____

Address _____

City _____ NJ Zip _____

Hm Tel () _____

Cell () _____

Email _____

School Attending Sept 2019:

Age _____ Grade _____

T-shirt Size (*circle one*)

Adult: Small Med Large XLarge

PAYMENT

Make checks payable to:
Wall Football Club
Wall High School
1630 18th Avenue
Wall Twp, NJ 07719

\$150 Per player

Full payment due by July 1, 2019

Please be sure to complete other side also.



**2019
KNIGHTS FOOTBALL CAMP**

Wall HS Practice Field

July 8-11, 2019

9 am - 1 pm

ORIENTATION

Weather permitting,
orientation will be at 8:45 am
on July 8, 2019 at the entrance of the
Athletic Facility.

In the event of inclement weather,
orientation will be outside the
main gym.

**CAMP WILL
BE HELD
RAIN OR SHINE**

ADDITIONAL INFO

Any questions can be sent via email to
Tony Grandinetti (Camp Director)
agrandinetti@wall.k12.nj.us
or telephone (609) 929-6290

**2019
KNIGHTS
FOOTBALL CAMP**

Tony Grandinetti, Camp Director
Head Coach, Wall High School

**For players entering
Grades 6 thru 9**



JULY 8-11, 2019

9 am - 1 pm

at

Wall High School

CAMP INFORMATION



Location

Wall High School
Practice Field

Dates:

July 8 - 11, 2019
(Rain or Shine)

Time

9 am - 1 pm
*Please be prompt about
picking up players at 1pm*

Cost

\$150.00
(Due by 7/1/19)

Ages

Players entering
Grades 6 thru 9
(in Sept. 2019)

Equipment

Each player should wear t-shirt, shorts,
socks, cleats and bring sneakers.

Lunch

Players should bring food
and drink from home.

**2019 KNIGHTS
FOOTBALL CAMP**

Wall HS Practice Field
July 8-11, 2019
9 am - 1 pm

Techniques Being Taught



Offense

Passing
Running
Catching
Blocking

Defense

Tackling
Coverage
Reads
Block Escapes



SCHEDULE

9:00-9:15 **Dynamic Stretch**
9:15-10:15 **Offensive Drills**
10:15-11:15 **Defensive Drills**
11:15-12:00 **LUNCH**
12:00-12:15 **Guest Speaker**
12:15-1:00 **7v7 Games**



**2019 KNIGHTS
FOOTBALL CAMP**



REGISTRATION FORM

(Please print with ink only)



Player's Name _____

Emergency Contact _____

Relationship _____

Emergency Tel () _____

Emergency Tel () _____

Allergies & Medical Conditions

I hereby authorize the directors and employees of
Knights Football Camp to act for me according to
their best judgment in any emergency requiring
medical attention. I hereby waive and release all
camp employees from any and all liability from
injuries and illness while at camp.

My son has agreed to obey all the rules of the camp.

Parent/Guardian Signature Date

Please be sure to complete other side also.

