2017 1-DAY CAMP

Where: Garcelon Field, Bates College
       Central Ave, Lewiston Maine
Date: Sunday, June 18th, 2017
Time: 10:00 AM – 3:00 PM
Grades: 9-12
Cost: $60 per participant
      Each participant will receive a T-shirt. A light lunch will be provided.
Equipment: Helmet, Shoulder Pads, Mouthpiece, Cleats
           *BATES WILL NOT PROVIDE EQUIPMENT
Positions: All Offensive and Defensive

Highlights for the Camp:
  * Emphasis on Fundamental Development
  * Small player/coach ratio
  * Outstanding Coaching Staff
  * Professional Evaluation

Camp Staff:
Mark Harriman - Head Coach/LB’s
Duncan Averill – DC/DB’s
Jim Walsh – Corner’s
Bob Chaisson – D-Line
Skip Capone - Camp Director, OC/OL
Tino Lopes - QB’s
Ryan Bentley – WR’s

Objectives:
Defense
Stances
Movement Fundamentals
Block Destruction
Tackling
Position Techniques
Offense
Stances
Movement Fundamentals
Ball Security
Blocking
Position Techniques

Competition:
Linemen: 1 on 1
       Run Block
       Pass Protection
Skill: 7 v 7 and 1 on 1

BATES FOOTBALL – CBB CHAMPIONS
2017 1-DAY CAMP

Name:____________________________________ Telephone:__________________________

Address:____________________________________________________________________

City/Town:____________________________________ State:_____ Zip:__________________

School:______________________________________________________________________ Grade:______(Fall 2017)

Hgt._________ Wgt._________ Pos. (O)_____________ (D)______________

Equipment: each participant will wear upper pads (shoulder pads, helmet, mouthpiece, practice jersey. Bring both spikes and sneakers)

Parent/Guardian Waiver of Liability

My child has permission to attend the Bates Bobcats 1 Day Camp to be held at Bates College. Enclosed is the application and application fee.

I understand the Bates Bobcats 1 Day Camp will not be held liable or responsible for accidents, illness, medical or dental expenses incurred as a result of this program. In the event of injury or illness the camp has my permission to seek emergency treatment if necessary.

I have no knowledge of any physical impairment, allergy, etc…. that would effect my child’s participation in the program.

Each participant must have their own medical insurance. Please fill in your insurance company, policy number and parental signature below

Insurance Co.:____________________________________________________________________

Policy Number:_______________________________________________________________

Parent/Guardian Signature:__________________________________________________________________________

Make Checks payable to:
Bates College
Football Office
Central Ave.
Lewiston, ME  04240

For further information contact: Skip Capone (207) 786-6364  Email: ecapone@bates.edu