

Tom Williams  
Youth Football Camp  
at  
YALE



Full Contact Youth Football Camp  
Monday, July 12<sup>th</sup> – Saturday, July 17<sup>th</sup>  
Yale University Football Facilities





Yale University's football staff, led by head coach Tom Williams will be offering a 5-day, full contact youth football instructional camp. The Camp will consist of 4 days of instructional coaching with a strong emphasis on the fundamentals and will culminate with game scrimmages in the historic Yale Bowl on the last day of camp.

When: Monday, July 12<sup>th</sup> – Saturday, July 17<sup>th</sup>  
Monday – Thursday: 5:30 – 7:30 pm  
(No session on Friday unless we need it as a make-up day due to poor weather)  
Game Scrimmages in the Yale Bowl on Saturday morning, July 17<sup>th</sup>

Where: Yale University Football Facilities, including Yale Bowl

Ages: 2<sup>nd</sup> – 8<sup>th</sup> Graders

Cost: \$235 per player\*

*\* The cost per player varies based on the number of players registering TOGETHER from a youth football organization.*

	Groups with these numbers of players registering together:					
	5-19	20-29	30-39	40-49	50-59	60+
Cost per Player	\$ 200	\$ 185	\$ 175	\$ 150	\$ 125	\$ 110

*Equipment can be provided through Connecticut Speed School, LLC at an additional cost if needed.*

*The Tom Williams Youth Football Camp at Yale is full contact and as a result full equipment is needed. Campers should make arrangements with your local youth football organization well in advance to be outfitted prior to the start of our Camp. We have found youth organizations to be very accommodative during the winter football season if ample time to distribute equipment is provided. Make arrangements early to get equipment!*

Our Camp will emphasize both offensive and defensive fundamentals as well as offer age-appropriate, position-specific coaching. Our campers will be broken down into age-specific groups for the duration of our camp, including the game scrimmages. The camp is open to any and all entrants, limited only by number, age, grade level, and/or gender.

Youth coaches are encouraged to attend our Camp and work "hands-on" with our staff at all times. Our Camp is designed to offer our youth coaches as much information on drills, coaching and technique as possible. We want our youth coaches working side-by-side with our staff throughout the Camp!





Founded in 1701 Yale University has a long tradition of excellence. Over the years children have watched Yale's football program and found inspiration. Our children have looked up to Yale's coaches and athletes and found role models.



Yale athletics also has a rich tradition of community outreach and the Tom Williams Youth Football Camp at Yale is designed to provide not only first-class coaching, but to instill a belief and confidence in our youth that someday, through hard work and commitment, they too can compete at the highest level!

**BE A PART OF THE YALE FOOTBALL TRADITION!**





## Football Camp Registration & Waiver Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of May 2010: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact #: \_\_\_\_\_

Email: \_\_\_\_\_

Please briefly explain Camper's football experience/ positions (if any):

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**Please make checks payable to Connecticut Speed School, LLC and mail to Connecticut Speed School, 2 Country Club Close, Orange, CT 06477.**

No refunds will be granted for any reason after June 1, 2010. Prior to June 1st, PARTIAL refunds will be granted for medical reasons only and you must have a signed physicians excuse. A \$100 administrative fee will be deducted before any refund is made. No refunds will be given once camp begins. All cancellations must be in writing, e-mail or fax. Cancellations will not be accepted over the phone.



**WAIVER & RELEASE FORM**  
**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS**  
**READ BEFORE SIGNING**

I give my approval and consent to the participation of \_\_\_\_\_(child's name)  
in the Connecticut Speed School, LLC's (hereinafter referred to as "School") programs, events and activities, the undersigned  
acknowledges, appreciates and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I, FOR MYSELF, SPOUSE, LEGAL GUARDIAN AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
3. I willingly agree to comply with the School's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/ or in the School itself, I will remove my child from the participation and bring such attention of the nearest School official immediately; and,
4. I myself, my spouse, my child's legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the School and their respective officers, affiliates, agents, representatives, successors, sponsors, advertisers and if applicable, owners and lessors of premises (YALE UNIVERSITY) used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in the School's programs, events and activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's legal guardian, my child, and on behalf of my/ our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in the School, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law; and,
6. I certify that my child is physically fit to take part in all School programs, events and activities; and,
7. I pledge my child's compliance to any and all School rules and understand that my child could be dismissed from the School's programs, events and/or activities for any conduct not in the best interests of the School and that no part of my child's registration fee will be refunded; and,
8. I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in the School's programs, events and activities.

\_\_\_\_\_  
(Parent/ Guardian Signature)

\_\_\_\_\_  
(Print Name Clearly)

Date Signed:\_\_\_\_\_

Please list any allergies and/ or medical conditions, including those requiring maintenance of medication (i.e. bee stings, diabetes, asthma, seizure disorders). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information which may interfere with or alter treatment.

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**SAMPLE FORM**

**YOUTH CAMP HEALTH EXAM/RECORD  
FOR CAMPER AND STAFF**  
Physical Exams Are Valid For 3 Years  
From Date of Last Examination

- Camper
- Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

**TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:**

**Date of Exam** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ May participate in all camp activities  
\_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)?  YES  NO If yes, indicate names of medication(s): \_\_\_\_\_

Does the individual have allergies?  YES  NO Explain: \_\_\_\_\_

Is the individual on a special diet?  YES  NO Explain: \_\_\_\_\_

Does the individual have special needs?  YES  NO Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Polio		
Tetanus					

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, APRN or PA

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number