

2010 APPLICANT FORM

NAME _____

AGE (in July) _____

Next Years Grade _____

POSITION: OFFENSE: QB RB WR OL TE
Circle DEFENSE: DT DE LB DB

HOME ADDRESS:

STREET _____

CITY _____ ZIP _____

PHONE _____

E-MAIL _____

EMERGENCY CONTACT:

PERSON _____

PHONE _____

**MAKE CHECKS PAYABLE TO:

SENECA FOOTBALL

**MAIL CHECK AND APPLICATION TO:

BILL FISHER

9 ACORN DRIVE

TABERNACLE, NJ 08088

****SHIRT SIZE: (THINK BIG!)**

CIRCLE: YM YL S M L XL XXL

****IF YOU HAVE ANY QUESTIONS
CALL BILL FISHER 609-859-0290 or**

Email me at senecafootball@comcast.net

***FREE T-SHIRTS & WATER
BOTTLES FOR ALL CAMPERS**

OFFENSE SKILLS

STANCE, STARTS

BLOCKING

PASSING

PASS RECEIVING

RUNNING BACK SKILLS

FORM RUNNING

OFFENSIVE RESPONSIBILITIES

WING T OFFENSE

O-LINE TECHNIQUES

DEFENSIVE SKILLS

STANCE, STARTS

TACKLING TECHNIQUES (not live)

TAKING ON BLOCKS

SHEDDING BLOCKS

PASS DROPS

PASS RUSH

SECONDARY COVERAGES

BLITZING, STUNTING

PURSUIT ANGLES

40 & 50 DEFENSES

OTHER SKILLS

SPECIAL TEAMS PLAY

PUNTING, KICKING, LONG SNAPS,
HOLDERS, KICK AND PUNT RETURNS

RUNNING FUNDAMENTALS

FOOTWORK & SPEED DRILLS

AGILITY DRILLS

FLEXIBILITY

PLYOMETRICS

STRENGTH CONDITIONING



SENECA

FOOTBALL CAMP

*7th
Year*



"In Pursuit Of Excellence"

July 12th—15th

Ages 5-18

Monday thru Thursday

9:00am—3:00pm

**CHECK OUT OUR WEBPAGE
www.senecafootballcamp.org**

COACHING STAFF:

DIRECTOR - BILL FISHER

ROB DAVIDSON

BOB DOOLEY

STEVE HALE

JEFF HINSON

MIKE MALLOY

JEFF MASCI

CHRIS REPSHER

ANDY CUNARD

MARTY DEVINO

SEAN CASSEEL

SAL MEDICA

DIRECTOR

BILL FISHER, Head Football Coach at Seneca HS, is heading into his 10th season as a Head Football Coach. Coach Fisher has been involved with Football his entire life in the **South Jersey Area**. He was a Quarterback at Deptford HS, and then went onto play at Rowan University. After his playing days Coach Fisher went on to coach at Rowan University (under John Bunting), Deptford HS, Southern Regional HS, Delsea HS (2000 Group III Champions), Triton HS and is presently at Seneca HS. In his 6 years at Seneca - they have won 3 Conference Championships, made 4 playoff appearances and in 2006 Seneca went 11-1 making it to the Group III Finals and was named **(The #1 Team in South Jersey)**. Coach Fisher has been named Brooks Irvine, Courier Post, Inquire and Burlington County "Coach of the Year"

GENERAL INFORMATION

THE CAMP WILL BE HELD AT SENECA HIGH SCHOOL IN TABERNACLE, NJ. THE SESSIONS WILL RUN FOR FOUR CONSECUTIVE DAYS, JULY 12-15. TIMES WILL BE 9:00am – 3:00pm MONDAY THRU THURSDAY. EACH CAMPER SHOULD BE DROPPED OFF AT 8:45am AND BE READY TO BE PICKED UP AT 2:50pm. **ALL CAMPERS MUST PROVIDE THEIR OWN LUNCHES (WE WILL PROVIDE ALL THE DRINKS).**

BAD WEATHER

IN CASE OF BAD WEATHER LIKE IN 2004

YOU CAN GO TO:

www.senecafootballcamp.org

(TO FIND SCHEDULE CHANGES)

EQUIPMENT REQUIRED

EACH CAMPER SHOULD BRING **SHORTS, T-SHIRTS, SOCKS, SUPPORTER, SUN SCREEN, FOOTBALL SHOES, SNEAKERS (IN CASE OF BAD WEATHER WE WILL BE IN THE GYM) & MOUTH PIECE.**

COST

THE NON-REFUNDABLE FEE FOR THE ENTIRE WEEK WILL BE \$135 (\$100 FOR EACH ADDITIONAL CHILD FROM THE SAME HOUSEHOLD). THIS FEE WILL INCLUDE CAMP T-SHIRT, WATER BOTTLE, INSTRUCTION, ON-SITE TRAINER, GATORADE, WATER AND ALL FOOTBALL CAMP ACTIVITIES. (We will take campers all the way up to the 1st day of camp).

MEDICAL

A CERTIFIED TRAINER WILL BE ON-SITE DURING CAMP TIMES. MEDICAL EMERGENCIES WILL BE REFERRED TO THE LOCAL HOSPITAL CENTER.

AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

THE GOLDEN EAGLES FOOTBALL CAMPS WILL PROVIDE SECONDARY INSURANCE FOR EACH REGISTRANT. PRIMARY COVERAGE WILL BE THROUGH EACH REGISTRANT'S OWN INSURANCE PLAN.

AS THE PARENT OR GUARDIAN OF THE REGISTERED CHILD, I HEREBY GIVE MY APPROVAL TO HIS PARTICIPATION IN THE SENECA FOOTBALL CAMP. IN CASE OF INJURY TO MY CHILD, I AGREE TO WAIVE ALL CLAIMS RESULTING FROM, OR IN CONNECTION WITH, THE ACTIVITIES IN WHICH MY CHILD IS A PARTICIPANT. I HEREBY RELEASE, ABSOLVE, IDEMNIFY AND HOLD HARMLESS THE SENECA FOOTBALL CAMP, ITS DIRECTORS, ITS COACHES, SENECA HIGH SCHOOL, ITS MEMBERS, OFFICERS, ORGANIZORS, SPONSORS AND SUPERVISORS.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

X _____
(SIGNATURE OF PARENT OR GUARDIAN) DATE

X _____
(SIGNATURE OF PARENT OR GUARDIAN) DATE

PRINTED NAME OF PARTICIPANT:
