

TNT YOUTH FOOTBALL CAMP

CAMP STAFF: Utica Football

Staff and Players

CAMP FEE: \$140

Pre-register by June 30th

\$150 Late Reg. fee

Checks Payable to:

"TNT Football Camp"

Includes camp shirt.

UTICA UNIVERSITY

1600 Burrstone Rd. Utica, NY **Charles A Gaetano Stadium**

July 14th-17th 9:00am-12:00noon 8:30am early drop off available.

Youth programs and coaches interested in coaching please contact:

Biaise Faggiano, 315-792-3713, byraggia@utica.edu					ONLINE REGISTRATION:	
Registration Form	***Pre-Reg	gister by J	lune 13th *	**	tntfootballcamps.com	
Youth Program Name Shirt Men's Size Youth Size Address City State Zip _				_ Grade Fall '24	are required. DROP OFF & PICK UP: If bad weather we will go inside the	
			Phone _		on the first day of camp please arrive early to help with registration. Bring a Water Bottle ,	
Return Form to: Blaise Make Checks Payable Important: Medical A	to: "TNT Fo	otball Ca		Vhitesboro, NY 13492.	Gatorade and a Snack.	
In an emergency, I hereby examined by the camp tra	give permissioner. I also giv	on for my c e permissi	on to the cam		cure proper treatment, anesthesia, or of our insurance information at the	
Our Health Company is:				Contract Group #:		
while at the camp or on the dated by the campers pare their own risk. The TNT For for any damages arising from parents assume full responsible fully and forever exonerate mands, damages, rights of	e way to the cents: The cam notball Camp, lom personnel nsibilities for a e and discharg action causes	camp. As a per in atterutica Univinjury sustanty damage te The TNT of action,	condition of ending the TNT ersity, Utica Uained by the ces or injuries the Football Campresent or fut	enrollment, the following dis Football Camp and in using niversity, their athletic dep amper during the camp or a hat may occur to the campe p, Utica University, and cam	sume liability for any injuries incurred sclaimer of liability must be signed and Utica University facility, does so at artments, and staff, shall not be liable at the facilities. The camper and his/her during the clinic session and so hereby p staff from any and all claims, denown, anticipated, or unanticipated, lities.	
Parent/Guardian Signature:			C	amner Signature	Date:	