

**Springstead High School
4th Annual Football & Basketball
Boys & Girls**

All-Skills Sports Camp

July 15th – July 18th

9:00am -3:00pm

*** Gym Doors will open at 8:00am for camper drop-off ***

**Campers entering 3rd Grade to entering 8th Grade
\$100 per camper (\$25 off for ALL HCSD
Employees)**

**All Campers Receive A Camp T-Shirt
In Coordination with**



Typical Camp Day:

9:00-9:05 – Announcements
9:05-9:15 – Dynamic Warm Up
9:15-10:45 – Fundamental Football Stations
10:45- 11:30 – 7 on 7 Flag Football Games
11:30-12:15 – Lunch
12:15-12:30 – Rec Room
12:30-1:30 – Fundamental Basketball Stations
1:30-2:45 – 3v3/5v5 Games
2:45- 3:00 – Free Play

Camp Highlights

Football

Basketball

Throwing Mechanics	Ball Handling Skills
Form Tackling	Individual & Team Defense
Agility Work	Rebounding
Route Running	Footwork
Stance	Team Competitions - 3v3 & 5v5
Ball Security	Coach-ability
Attitude	3pt, FT, & Hot Shot Competitions
Punt, Pass and Kick Competition	Daily Contests & Prizes

For more information or to confirm your spot call
**Head Coach Mike Garofano (352.238.2471) or Coach Matt McGarry
 (352.678.0410)**

APPLICATION FOR ENROLLMENT

Form can also be turned in with payment on the first day of camp July 15th

Camp fee is \$100

Payments are accepted in cash or make checks payable to: Springstead High School

There are no refunds for "no shows" or "withdrawing" from camp once it has started.

Return to: Mike Garofano or Matt McGarry

Springstead High School

3300 Mariner Blvd

Spring Hill, FL 34608

352-797-7010

Name: LAST: _____ FIRST: _____

Address: _____

City/State/Zip: _____

Phone: _____ Age: _____ Grade going into: _____

School: _____ T-Shirt Size _____

Liability Release and Permission Form

****This form must be completed and returned by each participant before camp begins Monday, July 15th, 2024**

Camper's Name _____

The parent or guardian by signing this form gives consent to have his/her child participate in the Springstead High School All-Skills Sports Camp. The parents hereby release the coaches, Springstead HS, and the School Board of Hernando County from liability from accident, injury, sickness, etc. which may occur to and from the clinic and during the clinic. The parent/guardian or above name of individual understands that basketball and football can be dangerous sports and activities. By signing this form, both child and parent/guardian understands that the possibility of injury does exist, and the release of the above-mentioned parties from any legal responsibility in the case of injury incurred participating in the clinic, etc. I hereby give permission for emergency medical treatment to be administered to my child in the event of my absence or in event that I cannot be reached.

Parent/Guardian Signature: _____ Date: _____