

# BLUE DEVILS FOOTBALL YOUTH SPORTS CAMP

## DATES:

SUNDAY JULY 19TH THROUGH JULY 21ST  
FROM 1-3 ON SUNDAY AND 5-7 MON AND TUES.

DONNA RICKER FIELD

Directed by the Coaching Staff of the Wood-Ridge High School Varsity football  
team and SPONSORED by WR Recreation

AGES entering 2nd through 8th

REGISTRATION WILL BE OPEN UP TO THE 1ST DAY OF CAMP. IF SIGNING UP ON  
THE 1ST DAY OF CAMP PLEASE RSVP WITH A SHIRT SIZE, AGE AND GRADE.

CALL, TEXT OR EMAIL

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Please make checks payable to Wood-Ridge Touchdown Club

**COST 50\$ PER Athlete**

And Mail to

Wood-Ridge Touchdown Club in care of Coach T

P.O. Box 15 Wood-Ridge

New Jersey. 07075

Any question please contact Coach Trentacosti (Coach T) at 201-543-3639

[ctrentacosti@wood-ridgeschools.org](mailto:ctrentacosti@wood-ridgeschools.org)

Camp Tee shirts will be provided. Each camper should have footwear for artificial turf,  
shorts and a tee shirt... No helmets or pads needed **CAMP IS NONE CONTACT**. There will  
be a professional trainer on site. All camp protocols will be followed and safety of the  
participants is of the utmost importance.

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## REGISTRATION INFORMATION

Childs Name \_\_\_\_\_ Age and Grade \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parents of Guardians Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Shirt Size Youth sm med lg Adult sm med lg xl ( **CIRCLE ONE** )

**HOLD HARMLESS AGREEMENT**

**"Parents statement" Must be signed before the camper can participate.**

I/we, the parents of the above named youth hereby give my/our child permission to participate in any and all Wood-Ridge Recreation Football youth camp activity. I/we assume all risks and hazards incidental to such participation including transportation to and from the activities and I/we hereby waive, release absolve, indemnify and agree to hold harmless the organizer, sponsors, supervisors, participants, and persons transporting my/ our child to and from activities, for any claims arising out of an injury to my/our child, whether the result of negligence or for another cause.

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## **CAMP OBJECTIVES:**

**To give young players the opportunity to learn football fundamentals from the best in the Bergen County Area. The campers will be instructed in all areas of the game. “They” are the foundation of our program. We want to encourage them to succeed. For the past 7 years we’ve worked with many of our now graduated student athletes and present players and their camp experience helped to enhance and improve their time with us.**

### **FUNDAMENTALS:**

**KICKING - Place kicking, punting and kick off techniques.**

**QUARTERBACKS - Leadership, play calling ball handling, passing skills, facking drills, and skill work.**

**BACKS - Running, blocking, faking, ball carrying, pass catching and skill drills.**

**OFFENSIVE LINEMAN - Stance, blocking, pulling, trapping, pass protection and skill drills.**

**DEFENSIVE LINE - Pass rush, tackling drills, charges, pursuit, key reaction and skill drills..**

**LINEBACKERS - stance, key reaction, pursuit, pass coverage, tackle drills and skill drills.**

**DEFENSIVE BACKS - Stance, alignment, key reaction, run support drills, man to man and zone coverage work and skill drills .**

**THERE WILL BE A SESSION ON WEIGHT TRAINING AND NUTRITION All state protocols will be followed the safety of our camps is very important to us. Water and Gatorade will be supplied**

**Borough of Wood-Ridge  
Summer Sports & Athletic Training  
Waiver and Release of Liability**

**\*\*\* Please Read Both Pages Before Signing on Page 2 \*\*\***

In consideration of being allowed to participate in any way in **the Borough of Wood-Ridge and/or the Wood-Ridge Little League** sports and athletic training programs during the Summer of 2020, including all related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

2. 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 participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, The Centers for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for Covid-19 and guidance for sports activities in all respects while using municipal facilities or participating in municipal activities; and,

5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the Borough of Wood-Ridge and/or the Wood-Ridge Little League** and their elected officials, commissioners, officers, officials, agents, employees, and/or volunteers and other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

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

**FOR PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant Name: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

Emergency Phone Number: \_\_\_\_\_