



OLD DOMINION Youth Football Camp



Select Check Camp(s)

Session #1 Sat May 31	Session #2 Sat June 14	Session #3 Sun June 22	Session #4 Sat June 28	Session #5 Sun July 13	Session #6 Sun July 20	Session #7 Fri July 25
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHERE: S.B. Ballard Football Stadium
TIME: Camp Time: 9 AM - 12 PM
WEAR: Athletic Attire & Cleats
AGES: Entering Grades: 2-8
PRICE: \$60

Our camp will use and focus on the same drills and skills used at Old Dominion Football. Campers will be separated, trained & evaluated by size & skill level. Grades: 2-8
**This is a non-contact instructional football camp*

4 Session Package: \$200 (Select 4 above)

WHAT TO EXPECT AT CAMP

Instruction & Camp Details

Campers will be separated by age & ability. Each session will include different drills & focus. Purpose of camp is take players through base drills & skills appropriate for any level of player. In a fun, high tempo environment Coach Whitcomb & his staff's goal is to teach each player the techniques and skills used at Old Dominion University. Our camp is designed for young players at any level looking for a football camp that is fun, safe, energetic, coached by a knowledgeable staff.



Basic Camp Itinerary

9:00AM	Warm up
9:30AM	Movement / Agility
10:00AM	Skill Session 1
10:30AM	Skill Session 2
11:00 AM	Routes on Air
11:30 AM	Games
11:50 AM	Champ of Camp
12:00 PM	End of Camp

Register Online: www.ronwhitcombqb.com

Name:	DOB: __/__/____	Entering Grade:
Street:	City:	State: Zip:
High School:	Height: __'__ Weight:	
Offensive Position (Circle One): QB WR TE		
Cell Phone: ()	E-Mail:	

Registration Instructions

All registration (excluding package) can be done online at www.ronwhitcombqb.com
By Mail: Select camp(s) & send payment (cash or check) to: Ron Whitcomb
 4251 Powhatan Ave. Norfolk, VA 23529 Please make checks payable to: **Advantage Camps**
All sessions rain or shine. All sessions accept walk ups.



OLD DOMINION UNIVERSITY ASSUMPTION OF RISK - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the **Bobby Wilder Football Camp, LLC**, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for concussions, broken bones, sprains, ligament damage, muscle tears, permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (as hereafter defined) 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. **Governing Law and Jurisdiction.** The laws of the Commonwealth of Virginia shall govern the validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating to the construction, validity, performance and enforcement of the Agreement shall be in the courts of the Commonwealth of Virginia.

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'S NAME (Please Print)

_____ Age: _____ Date Signed: _____

PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

PARENT/GUARDIAN'S NAME (Please Print)

PARENT/GUARDIAN'S SIGNATURE

EMERGENCY PHONE #(s)

Date Signed: _____