



**On Friday, January 16, 2015, please join the Walter Camp Football Foundation at the Floyd Little Athletic Center for an evening of fun and football. Open to children ages 8-13, the second annual All-American Experience Youth Football Clinic will allow children to experience the fundamentals of football through non-contact group activities. Elite Connecticut high school head coaches will team up with select Walter Camp All-Americans, alumni, and local college coaches to lead children through fun drills and skill development exercises, while providing motivation, inspiration, and positive role-modeling. The Foundation's goal is to present a football skills clinic that delivers a message that children will remember for a long time.**

**When:** Friday, January 16, 2015 from 4:00 to 7:00 pm

**Where:** Floyd Little Athletic Center, New Haven

**Who:** Open to children ages 8-13

**Cost:** \$40 (pre-registration is required)

(includes a tee-shirt and admission to the WCAAEE for participant and one chaperone.)

**What to Bring:** Sneakers and comfortable clothes

**\*\* Space in the clinic is limited to 200 players, so pre-registration is required \*\***

**....a perfect holiday gift, so act now!**



*Proud sponsors of the Walter Camp Football Foundation's All-American Experience and Youth Clinic*

**All registration forms and fees must be received by Tuesday, December 30<sup>th</sup>**

Please complete, detach, and send the registration form and fee below to:



**Email:** [kauff27@aol.com](mailto:kauff27@aol.com)

**Call:** 203-288-CAMP

**Address:** P.O. Box 490 North Haven, CT 06473

**Fax:** 203-234-8878

**Any Questions** please email [st.j.mcdermott@gmail.com](mailto:st.j.mcdermott@gmail.com)

**When:** Check in from 4:00 to 4:15 on Friday, January 16, 2015

**Where:** Front Foyer of Floyd Little Athletic Center, New Haven

**What to Bring:** Sneakers and comfortable clothes

..... ✂  
**Participant's name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Shirt Size (S, M, L, XL)** \_\_\_\_\_

**Parent (chaperone) Name** \_\_\_\_\_

**List any other clinic participants attending with -** \_\_\_\_\_  
\_\_\_\_\_

**Contact phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Circle Payment Method:** Check      Credit Card

**Credit Card #** \_\_\_\_\_ **Exp** \_\_\_\_\_ **3 Digit Security Code** \_\_\_\_\_

*I understand that there are risks of injury associated with this clinic and agree not to hold the Walter Camp Football Foundation or The City of New Haven or its staff responsible for any injuries if they should arise.*

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

\_\_\_\_\_  
Date