

# BRIAN LEONARD

FOOTBALL CAMP 2009

**JULY 6-9**

ST. LAWRENCE  
UNIVERSITY  
CANTON, NEW YORK

**JULY 13-16**

GREEN ACRES  
ATHLETIC FIELDS  
PISCATAWAY, NJ

[WWW.LEONARDCAMPS.COM](http://WWW.LEONARDCAMPS.COM)

# BRIAN LEONARD

## FOOTBALL CAMP 2009



### CAMP I • JULY 6-9

ST. LAWRENCE UNIVERSITY • CANTON, NEW YORK

23 Romoda Drive Canton, NY 13617  
Just 30 minutes from Brian's hometown of Gouverneur

### CAMP II • JULY 13-16

GREEN ACRES ATHLETIC FIELDS • PISCATAWAY, NJ

Sidney Road behind Piscataway High School  
Just minutes from the Rutgers Football Stadium

#### ITINERARY

8:00 am	Supervision begins for early drop-offs
8:45 am	Camp Meeting
9:00 am	Practice (Instruction & Skill Drills)
12:00 pm	Lunch
1:00 pm	7-on-7 Game Competition
3:00 pm	Departure

#### COST: \$225

We will only accept cash or money order for walk up registration during the first morning of camp.

Complete and return with payment to:

**Brian Leonard Football Camp • P.O. Box 1229 • Toms River, N.J. 08754**  
Registration form can be faxed to: 732-270-1870

#### WHAT TO BRING

- Lunch and water bottle with name on it.
- Mouth piece and sun screen if needed.
- Food, Snacks, and Drinks will be sold at camp.

#### WHAT TO WEAR

- T-Shirt, Gym Shorts, Socks, Grass Cleats or Sneakers.

#### ELIGIBILITY

- Students entering grades 1-12 next fall are eligible to attend camp. High school graduates and those who have started classes for their senior year are not eligible to participate due to NCAA rules and regulations.

For more information please call 732-597-3126 or email [info@leonardcamps.com](mailto:info@leonardcamps.com)

[www.LeonardCamps.com](http://www.LeonardCamps.com)

Name: \_\_\_\_\_ Attending:  Camp I (Canton, NY)  Camp II (Piscataway, NJ)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Grade Entering in fall: \_\_\_\_\_ Current Age: \_\_\_\_\_ Team/School: \_\_\_\_\_

If you were referred by a coach, please list name: \_\_\_\_\_

Circle Adult T-Shirt Size: S M L XL XXL Circle One: Offensive Position: QB WR RB TE OL Defensive Position: DL LB CB S Special Teams Position (Optional): K P LS

#### MEDICAL INSURANCE:

The Brian Leonard Football Camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be used. We require campers to be covered by some form of personal medical insurance.

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

If you do not have insurance, please state that you will take full responsibility for any injury coverage.

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

#### RELEASE

I, the undersigned, individually and as parent(s) and guardian(s) of \_\_\_\_\_ a minor, ask that he/ she be admitted to participate in the **Brian Leonard Football Camp**. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the camp, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of an injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/ or activities held in connection with the camp. I approve the use of photos and videos taken at camp for website, brochure, and advertising purposes that include my child. Campers will not be able to participate in any activities without a physical form signed by a doctor and a release form signed by a parent or guardian. We will not accept physicals taken before July 1, 2008. \*Immunization records must be completed by a family physician, school physician, or school nurse. Chapter 375 P.O. 1973 New Jersey Youth Camp Safety Act Standards 8:25-3.3. College Coaches, High School Coaches, and Special Guests are subject to change at any time. No Refunds.

#### A PARENT OR GUARDIAN MUST SIGN THE RELEASE STATEMENT BELOW

I hereby authorize the clinical staff of the **Brian Leonard Football Camp** to provide medical care that includes routine diagnostic procedures (i.e. xrays, blood and urine tests) and medical treatment as necessary to my minor son/ daughter. I understand that the consent and authorization herein do not include major surgical procedures and are valid during camp.

X