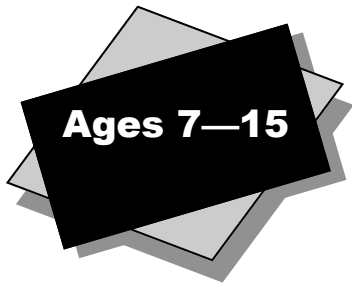


12th Annual ALL-STAR Football Camp



Week 1	Week 2
<p>July 5—9 Wayne David Waks Memorial Field (Formerly Barbour Pond)</p>	<p>July 12—16 Fair Lawn Vander Plaat Field Complex</p>

Visit our web site at:
www.allstarfootballcamp.com

All-Star Football Camp

All-Star Football Camp is an “*instructional camp*” designed to teach and further develop your individual skills. All-Star Football Camp is a “*non-contact*” camp. Our camp teaches self-confidence, respect and success.

At All-Star Football Camp you will receive:

- First rate instruction from the finest football coaches/players in the area.
- Low camper to coach ratio.
- Station drills; small group instruction.
- Two touch football games daily.
- Speed, strength & agility training
- Punt, pass & kick competitions.
- Individual and team awards.
- Under Armour Camp T-shirt and football.

DIRECTOR

John DePalma: ♦14 years high school coaching experience
 ♦High School Administrator ♦4 Coach of the Year Awards
 ♦Coached many All-League, All-County, and All-State athletes

STAFF

Frank Morano: Rutherford HS **Jason Cameron:** Cliffside Park HS
Roger Kotlarz: Becton Regional HS **Matt Occipinti:** Ramapo HS
Vito Campanile: Westwood Reg HS **Anthony Campanile:** Don Bosco Prep HS
Andy Howell: Rutherford HS **Steve Dunn:** Rutherford HS
Sean Ryan: Rutherford HS **Robert Nutile:** P.C.T.I.
Robert Urbanovich: Ramapo HS **Don Sellari:** Sports University

In addition, our staff is comprised of many other experienced high school and junior level coaches as well as outstanding college athletes.

All-Star Football Camp has teamed up with NDPS, an authorized Under Armour® dealer.
 Available to our registered campers will be a selection of Under Armour® items at discounted pricing.

Camp Details

AGES

Athletes entering grades 2nd thru 9th in September 2010. Players will be divided into groups by age and/or ability.

DATE - TIME - LOCATION

Week 1: July 5—9 Wayne 9 am - 3 pm*

David Waks Memorial Field
(formerly Barbour Pond Field)
Barbour Pond Rd., Wayne, NJ
(off of Valley Road)

Week 2: July 12—16 Fair Lawn 9 am - 3 pm*

Vander Plaat Field Complex
Maple Ave., Fair Lawn, NJ
(behind Brunswick Bowling Lanes)

*Dismissal on Friday 12 pm (pizza lunch provided)

LUNCH

Campers must provide their own lunch.*
(Small coolers to store lunch/drinks are recommended)

Snacks/beverages may be purchased on site.

COST

\$210 covers a week of instruction, camp T-shirt, football, and certified trainer. Enrollment is limited.

\$375 for two weeks.

CALL FOR GROUP AND TEAM DISCOUNTS!

CANCELLATION POLICY

A \$50 cancellation fee will be applied for cancellations after June 1st.

For more information contact:
Michele DePalma, Camp Coordinator
 973-696-8451 or 201-280-1987
 Email: coachjdp1339@cs.com

Registration Form 2010

BOTH SIDES MUST BE COMPLETED

CIRCLE WEEK(S) ATTENDING: #1 - Wayne #2 - Fair Lawn

Registrant's Name

Grade in Sept. 2010

Address

City, State, Zip

Email Address (important)

Telephone Number/Cell Number

T-Shirt Size	Youth: Med. Large X-Large
(Please circle one)	Adult: Sm. Med. Lg. X-Lg.

WAIVER AND RELEASE

In consideration of the acceptance of this application, we the below signed, our heirs, consenters, administrators to be legally bound to the terms and conditions hereafter set forth: We hereby give our consent and approval to the participation of the applicant in the program conducted by the All-Star Football Camp and certify that he/she is physically fit to take part in all activities. Further, we do hereby waive, release and forever discharge said organization, its staff, officers, agents, representatives, employees and their successors and agents from any and all claims for damages concerning or ensuing from an accident, injury to person or loss of personal property occurring during this stated camp, his/her participation in activities or arising from his/her traveling to or from camp. WE ALSO AUTHORIZE THE DIRECTOR OF THE ALL-STAR FOOTBALL CAMP TO ACT FOR ME ACCORDING TO HIS BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

SEND REGISTRATION WITH CHECK PAYABLE TO:

All-Star Football Camp, LLC
 16 Eleron Place
 Wayne, New Jersey 07470

FOR OFFICE USE ONLY

Date Rec.	Health Form	Immunization Record	Camper Number
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Camper Health History

Name

Date of Birth

Emergency Phone Number

Has the camper ever been treated for any of the following:

	YES	NO
Allergies	___	___
Asthma	___	___
Blood Disorder	___	___
Cancer	___	___
Chicken Pox	___	___
Diabetes	___	___
Eye Injury	___	___
Fainting/Seizures	___	___
Head Injury	___	___
Hearing Problems	___	___
Hepatitis	___	___
Hernia	___	___
H/L Blood Pressure	___	___
Insect/Bee Stings	___	___
Mononucleosis	___	___
Muscular Disorder	___	___
Orthopedic Disorder	___	___
Respiratory Illness	___	___
Surgery/Hospital Stay	___	___
Other/Explanation	_____	

Has the camper been properly immunized? Y___ N___

Does the camper take medication? Y___ N___

Explain _____

Are there any physical or emotional conditions that might bear on the camper's abilities or performance? Y___ N___

Explain _____

All campers must submit a record of recent immunization prior to the beginning of camp.