**P I T T - G R E E N V I L L E**

# T I TA N Y O U T H F O O T B A L L

**2 0 1 9 S E A S O N**

**R E G I S T R AT IO N**

 **ONLINE **

[**www.pittgreenvilletitanyouthfootball.com**](http://www.pittgreenvilletitanyouthfootball.com/)

**or**

**DATES**

July 15 - 19

**TIMES**

6pm - 7pm

**LOCATION**

Boyd Lee Park

**REGISTRATION REQUIREMENTS**

Birth Certificate (7-12 yrs old) Current Physical (dated 2019)

**SEASON REGISTRATION FEE**

**$100.00**



**2019 AGE & WEIGHT LEVELS**

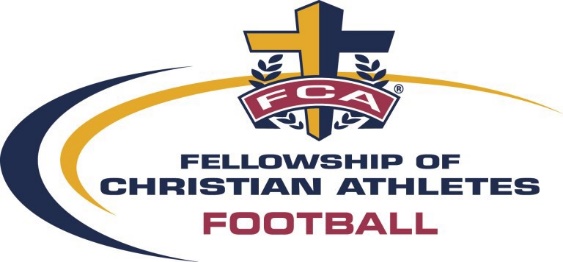
## Players between the ages of 7-12 may register for the 2019 Season of Titan Youth Football. Divisions will be determined based upon the age and weight level of the players registered.

**Players may be moved to other Divisions, and Divisions may be added, changed, or eliminated, depending on participation levels.**

**A child’s age on August 31st will be used to**

**determine their playing division for the season.**





*Hosted by*

**FELLOWSHIP OF**

**CHRISTIAN ATHLETES**

[**www.pittgreenvilletitanyouthfootball.com**](http://www.pittgreenvilletitanyouthfootball.com/)

**July 15th - July 19th**

**2019**



***CAMP OBJECTIVES***

|  |  |
| --- | --- |
| * **STANCE** * **TACKLING** * **BLOCKING** * **FORM RUNNING** | * **CATCHING** * **THROWING** * **FORMATIONS** * **ALIGNMENTS** |

***INSTRUCTORS***

### LOCAL HIGH SCHOOL COACHES

* **TITAN YOUTH FOOTBALL COACHES**
* **HIGH SCHOOL FOOTBALL PLAYERS**
* **COLLEGE FOOTBALL PLAYERS**

***WHAT TO WEAR***

* **T-SHIRT**

### ATHLETIC SHORTS

* **FOOTBALL CLEATS / TENNIS SHOES**
* **SUNSCREEN**
* **IN CASE OF RAIN, BE PREPARED WITH TENNIS SHOES FOR THE GYM**

**PARENT AND MEDICAL**

**CONSENT / RELEASE**

**MEDICAL HISTORY**

(to be completed by parents)

IS THERE A KNOWN HISTORY OF:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Medical conditions currently under treatment | Y | N |
|  | Pre-existing injury currently under treatment | Y | N |
|  | Fractures or other disability type injuries | Y | N |
|  | Any medications presently being taken | Y | N |
|  | Allergies (drugs, bee stings, food, asthma, etc.) | Y | N |
|  | Known past illness of more than one week | Y | N |

#### EXPLAIN ANY QUESTIONS ANSWERED ‘YES’:

My child has permission to attend the 2019 Pitt- Greenville Titan Youth Football Camp. In the event of illness or injury, I hereby grant my consent for medical treatment by the camp personnel and permission for the attending physician or appropriate medical personnel to hospitalize, secure proper treatment and/or injection, anesthesia or surgery. I will be responsible for any medical

# CAMP REGISTRATION

**FORM**

**Detach registration form and mail**

**$75.00 fee (check or money order) along with Parent and Medical Consent/Release form to:**

**Pitt Greenville Titan Youth Football**

**1520 Manchester Drive**

**Greenville, NC 27834**

**252-801-6305**

## Name Age Address City State Zip Home Phone ( ) T-Shirt

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YOUTH** | | | **ADULT** | | | |
| S | M | L | S | M | L | XL |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | |
|  |  |  |  |  |  |  |

#### (circle one)

**The Pitt-Greenville Titan Youth Football Camp**

or other charges connected with my child’s attendance at

camp.

**is for boys and girls, ages 7-14 years old.**



**Camp Registration Fee : $75.00**

**FOR OFFICE USE ONLY**

**Method of Payment**

**Check Money Order** **Date Received**

I hereby state that J.H. Rose High School, Pitt- Greenville Titan Youth Football, and all their employees are not responsible for any pre-existing injury or illness of the above named camper. In acceptance of this applicant for camp, I hereby release J.H. Rose High School, Pitt-Greenville Titan Youth Football, and all their employees from all claims or damages which may arise from my child’s association with, travel to, participation in, and return from this camp.

Parent / Guardian Signature Date Emergency Contact Number

## Parent/Guardian Name (print) Parent/Guardian Signature Date