

10th Annual Young Warrior Football Camp

Mon & Tue June 15-16 2026



9:00AM-12:00PM

Penn Trafford Warrior Stadium

Students Entering Grades K – 6

\$60 / Participant

WHAT WE DO

- Learn Techniques at multiple positions on offense and defense
- Taught by PIAA State Champion Staff
- Non-contact drills—Learn how to use your brain—not your head!!
- Teaching Football Basics – Alignments, Assignments & Fundamentals
- Skills Competitions & Flag Games
- NFL Style Combine Testing
- Receive a Warrior Football T Shirt & Certificate with combine results

*Participants will be grouped according to age

LEARN TEAMWORK, SPORTSMANSHIP & WORK ETHIC WHILE HAVING FUN

Please complete the attached form to register.

For more information, please contact Head Coach, John Ruane:

ruanej@penntrafford.org

PLEASE BRING YOUR OWN BALL WITH NAME ON IT!!!

Please return this form along with Payment of \$60 by June 5, 2026

Checks made out to "WARRIOR FOOTBALL CLUB"

PO Box 331 Harrison City, Pa 15636

*****IF Form is not in by June 5, we cannot guarantee a tee shirt.**

Last _____ First _____ Entering Grade _____ Age _____ M F
Address _____ City _____ State _____ Zip _____
Email Address _____ Phone _____
Ht _____ Wt _____ T Shirt Size (Please Circle): Youth: S M L Adult: S M L XL XXL

WAIVER/RELEASE OF LIABILITY

PARENTAL CONSENT

The parent or legal guardian of _____, a participant in the Warrior Football Club Camp, does hereby grant permission for his/her participation in the Camp and any and all Camp activities.

RELEASE FROM LIABILITY

I, the parent or legal guardian of the participant agree to assume all risks and hazards, including potential to contract Covid-19, incidental to participation in the Camp. I also agree to waive, release, absolve, indemnify and hold harmless, the Warrior Football Club, its officers, directors, coaches, sponsors, volunteers, other participants and persons for any claim arising out of injury to my child, whether the result of negligence or any other cause.

MEDICAL RELEASE

I hereby grant the Warrior Football Club permission to administer first aid, secure proper emergency medical treatment and/or hospitalize my child in case of emergency, provided the Camp is unable to promptly contact me, according to their best judgment.

Participant's Name: _____ Date of Birth: _____

Parent/Legal Guardian Name: _____

Cell Phone # _____ Other Phone # _____

Health Insurance Carrier: _____

If Parent/Legal Guardian cannot be reached, call:

Name: _____ Phone # _____

Relationship: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS RELEASE.

Signature of Parent/Legal Guardian: _____

Print Name: _____ Date: _____

Any Questions, please contact Coach Ruane: ruanej@penntrafford.org