



YORK FUTURE DUKES

Free T-Shirt w/ Registration

# FOOTBALL CAMP

FOR GRADES 3RD-8TH



21 & 22  
MAY  
2026

**COST:** \$30 PER STUDENT ATHLETE  
**VENMO:** @YORK-FOOTBALL  
**CHECK:** MAKE PAYABLE TO YORK FOOTBALL  
**WHERE:** YORK HIGH FIELD

**8 AM-10:50 AM**  
 STUDENTS GOING INTO  
 3RD-5TH GRADE

**1 PM-3:50 PM**  
 STUDENTS GOING INTO  
 6TH-8TH GRADE

**WHAT TO BRING:** SHORTS, T-SHIRT, CLEATS IF POSSIBLE. IF NOT ATHLETIC SHOES ARE FINE.  
**WHAT IS IT:** NON-CONTACT FOOTBALL SKILLS CAMP. FOCUS ON SAFETY, FUNDAMENTALS, BASIC STRATEGY/RULES, AND FUN! THIS CAMP WILL UTILIZE TERMINOLOGY AND PLAYS THAT THE YHS AND YMS TEAMS EMPLOY. THIS CAMP WILL PREPARE YOUR CHILD TO BECOME A DUKE IN A FUN AND SAFE ENVIRONMENT.

SCAN CODE OR FILL OUT FORM BELOW TO SIGN UP



**CAMP STAFF**

FEATURING FORMER YORK AND CURRENT COLLEGE FOOTBALL PLAYERS

- |                       |                         |
|-----------------------|-------------------------|
| COACH MATT BRACKHAN   | COACH GARRETT SNODGRASS |
| COACH STEVEN CRANE    | COACH JUSTIN RODRIGUES  |
| COACH CHAD SCHROETLIN | COACH BLAKE MOSEL       |
| COACH DYLAN OLMSTED   | COACH GRANT HOLLINGER   |
| COACH MATT KERN       | COACH GLEN SNODGRASS    |
| COACH RANDY HOWELL    | JR. HIGH COACHING STAFF |

\*\*INCLEMENT WEATHER WILL MOVE CAMP TO GYMNASIUM

CUT THIS SECTION OFF AND RETURN TO YHS/YMS/YES OR THE COMMUNITY CENTER.

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

GRADE ENTERING: \_\_\_\_\_ CHECK HERE IF PD BY VENMO \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_  
 YS \_\_\_ YM \_\_\_ YL \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL: \_\_\_\_\_

I HEREBY CERTIFY THAT THE YORK DUKE FUTURE DUKE CAMP STAFF HAS FULL AND UNCONDITIONAL AUTHORITY TO PROCEED WITH DIAGNOSIS AND TREATMENT AS JUDGMENT INDICATES FOR INJURIES DURING CAMP. THE CAMP STAFF SHALL NOT BE HELD RESPONSIBLE FOR ANY CONSEQUENCES RESULTING FROM SUCH INJURIES. WE, THE UNDERSIGNED PARENTS OR GUARDIANS OF THE ABOVE NAMED MINOR, DO HEREBY AUTHORIZE THE CAMP STAFF OR THEIR DESIGNEE TO SELECT HOSPITAL FACILITIES AND/OR PHYSICIAN OF HIS CHOICE AND AUTHORIZE TREATMENT OF THE ABOVE NAMED CAMPER ON AN EMERGENCY BASIS IN THE EVENT SUCH TREATMENT BECOMES NECESSARY AS A RESULT OF HIS PARTICIPATION IN THE FUTURE DUKE CAMP. WE HEREBY GRANT PERMISSION FOR HIM TO PARTICIPATE IN THE CAMP AND ACKNOWLEDGE THE FACT THAT HE IS PHYSICALLY ABLE TO PARTICIPATE IN CAMP ACTIVITIES. I WILL BE RESPONSIBLE FOR ALL MEDICAL BILLS INCURRED AS A RESULT OF ILLNESS OR ACCIDENTS FOR WHICH MEDICAL TREATMENT IS NECESSARY WHILE THE ABOVE APPLICANT IS AT CAMP. I DECLARE THAT I AM THE FATHER/MOTHER/GUARDIAN OF THE ABOVE NAMED MINOR.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_