



**A TRADITION OF CHAMPIONS**

1918 - 1935 - 1941 - 1942 - 1949 - 1960 - 1977 - 2001 - 2005 - 2008 - 2009 - 2013 - 2014 - 2018

**MADE**  
*in*  
**Lincoln**

**PHILLIPSBURG YOUTH FOOTBALL CAMP**

**Historic Maloney Stadium**

200 Hillcrest Boulevard, Phillipsburg, NJ

June 29th, 9:00am-2:00pm



# CAMP & REGISTRATION INFORMATION

The Phillipsburg Football Program is hosting the 3<sup>rd</sup> Annual MADE Into a Liner Youth Football Camp. Aspiring football players entering grades 4<sup>th</sup> – 9<sup>th</sup> will get an opportunity to learn from some of the area's best and improve their skills. An experienced staff will train and develop these young players in the following areas:

- Speed and agility training
- Hand eye coordination
- Stance & starts
- Coverage skills
- Route running
- Route adjustments
- Blocking angles
- Ball skills

## DIG

**Discipline, Ignore the Noise, Grit**

To register, complete the form below and return it with payment to the address listed. Check-in will begin at 8:30 am. at the stadium entrance. You can also register online at [www.madestrength.com](http://www.madestrength.com).

- Cost: \$75.00 (Payable to MADE Strength)
- Ages: Entering 4th grade-9th grade
- Date: June 29<sup>th</sup> [Rain Date June 30<sup>th</sup>]
- Location: Maloney Stadium
- Time: 9 am - 2 pm
- Lunch: 12-12:30 pm [Campers will bring their own lunch]



**FRANK DUFFY**  
Head Coach Phillipsburg



**RYAN DITZE**  
Former HC Phillipsburg  
2013 Coach of the Year  
All American WR



**CRAIG MERRICK**  
Owner, MADE  
CSCS & CPPS

# FOOTBALL CAMP REGISTRATION & MEDICAL RELEASE FORM

**PLEASE MAIL COMPLETED FORM WITH PAYMENT TO: MADE, Strength & Conditioning 303 Bliss Boulevard, Phillipsburg, NJ 08865**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade (Fall 2019): \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

T-Shirt Size:      M      L      XL      XXL

I/We hereby give consent for my son to participate in the Phillipsburg Youth Football Camp.

I/We understand that this camp does not provide medical insurance for participants. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used.

I/We know of and acknowledge that my son knows the risks involved in participation in such a camp and understand that serious injury, and even death is possible in such participation and choose to accept any and all responsibility for his safety and welfare while participating with full understanding of the risks involved. I/We release and hold harmless my school, the schools involved, any coach or professional player, MADE, as well as anyone involved in the administration of this camp of any and all responsibility and liability for any injury or claim resulting from participation, and agree to take no legal action against any of the above because of any accidents or mishaps involving the participation of my son.

I/We have read this carefully and know it contains a release.

Parent Signature & Date: \_\_\_\_\_

Print Name Here: \_\_\_\_\_