



Brooklyn Titans

A Titan Youth Development Program

To: Parents and Family of Brooklyn Titans Football Team

From: Coach Bill

Date: 6/1/11

RE: Titan Football Camp 2011 [8/24/11 – 8/28/11]

On August 24th, the Titans are traveling to Camp Morasha in Lakewood, Pennsylvania. We have planned our usual intense, but fun schedule for the team, and we expect this year's camp to be bigger and better than ever.

Players, coaches and those brave enough to attend as chaperones and helpers, will be transported from the practice field via coach bus to the camp site. Busses will begin loading at 4:30pm and leave promptly at 5:30pm. Busses are equipped with restroom facilities and video entertainment to ensure everyone's comfort for the approximately 3 hour trip.

The following is our list of recommended items for you to pack for your child:

- Sleeping bag¹ or blanket, 1 pillow and an old twin sheet set.
- Towels (2 or 3) and a plastic shower puff.²
- Insect repellent and sun block.
- Toothbrush, toothpaste and liquid shower gel.³
- 6 pair of underwear and 6 pair of white socks
- 6 pair of shorts and 6 T-shirts
- One hoodie or light jacket and 2 pair of sweat pants.⁴
- 1 pair of swimming trunks.
- 1 pair of shower shoes
- **MEDICATION:** Please send any medication your child needs. See attached Medical Authorization Form.
- \$10 - \$15 for snacks
- 1 baseball cap or other hat
- Any non-refrigerated snacks you would like your child to have.
- One pair of old sneakers
- One pair of boots or other shoes suitable for the rain.

¹ Target usually has them for less than \$20.00.

² Wash clothes are TERRIBLE in this environment!

³ Shower gel is strongly recommended! Bar soap is a very bad choice for the cabin environment.

⁴ Its summer, but it gets cool at night in the mountains.

It is STRONGLY RECOMMENDED that you DO NOT send your child to camp with any of the following:

- **Expensive electronics (i.e. PSP, laptops etc..)**
- **Expensive clothing (Only send them with things you don't mind them ruining).**
- **Excessive money. (Definitely no more than \$20.00)**
- **Jewelry**
- **Lighters, matches and knives are strictly prohibited!**

Life at Camp

At the Camp, all players will be assigned to an adult counselor, with a ratio of no more than 10 players to a counselor. Players will be housed in cabins that sleep 10 to 15 people. Each cabin will have a minimum of one adult counselor on the premises. Counselors will either be coaches or parents of other campers and will be responsible for monitoring the activities of all campers in their group. Players will remain with their group at all times. Virtually all of the players' day is filled with scheduled activities (see attached schedule).

In order to eliminate some problems experienced in the past, all money will be held by the cabin counselors. Upon arrival at camp, players will give all of their money to the cabin counselor, and money will then be disbursed on an as-requested basis by the cabin counselor.

Players will be provided with 3 meals and two snacks each day. Players will also be able to purchase snacks at the camp canteen during their evening free time. If any player has any special dietary requests, please provide a written note and submit it to me or one of the coaches by 8/1. If you have any special snacks you prefer your child have, please be sure to pack them.

This is our 7th year running the football camp and all 6 of the previous camps have been safe and successful experiences. As you can see from the schedule, we put the players through a pretty grueling schedule. However, when the bar is raised, we find that most of the kids step up to the challenge. And despite the schedule, the kids have a great time and form memories that last well beyond the day they get home from camp.

Please have all camp funds in by August 1st.

Sincerely,

Coach Bill

Brooklyn Titans Football Team Medical Authorization Form

This Medical Authorization Form must be completed by each player attending the camp.

By signing below, I hereby authorize my child, _____ to self administer or to be administered the medication(s) outlined below as per my instructions on this form. I further authorize William Solomon to make medical decisions and consent to care for my child in my absence, in the event I cannot be reached at the phone number(s) provided below.

Medication(s) (Please include instructions):

1.	2.
3.	4.

Insurance Information:

Carrier: _____ Phone # (Carrier) _____

Primary Policy Holder _____

Group #: _____

Card#: _____

Parent or Guardian (Print): _____

Parent or Guardian (Signature): _____

Phone 1: _____ Phone 2: _____

FOOTBALL CAMP SCHEDULE 2010

6:00AM – 6:30AM	WAKE UP & LIGHT SNACK
6:30AM – 7:00AM	ON THE FIELD. WARM UP & STRETCHING
7:00AM – 8:15AM	SPECIAL TEAMS
8:15AM – 9:00AM	CONDITIONING
9:15AM – 10:00AM	BREAKFAST
10:30AM – 12:30PM	PRACTICE: OFFENSE
12:45PM – 1:30PM	LUNCH
1:30PM – 2:15PM	FREE TIME
2:30PM – 3:00PM	OPTION PERIOD 1
3:15PM – 3:45PM	OPTION PERIOD 2
4:00PM – 6:00PM	PRACTICE: DEFENSE
6:15PM – 7:15PM	DINNER
7:30PM – 8:15PM	HELMETS & SHORTS WALK THROUGHS
8:30PM – 9:00PM	!!!!MANDATORY SHOWERS!!!!
9:00PM – 10:00PM	FREE TIME: CANTEEN (SNACKS & GAMES)
10:30PM	LIGHTS OUT!