

CAMPER HEALTH HISTORY

Name _____

Date of Birth _____

Emergency Phone Number _____

Has the camper ever been treated for any of the following:

	YES	NO
Allergies	_____	_____
Asthma	_____	_____
Blood Disorder	_____	_____
Cancer	_____	_____
Chicken Pox	_____	_____
Diabetes	_____	_____
Eye Injury	_____	_____
Fainting/Seizures	_____	_____
Head Injury	_____	_____
Hearing Problems	_____	_____
Hepatitis	_____	_____
Hernia	_____	_____
H/L Blood Pressure	_____	_____
Insect/Bee Stings	_____	_____
Mononucleosis	_____	_____
Muscular Disorder	_____	_____
Orthopedic Disorder	_____	_____
Respiratory Illness	_____	_____
Surgery/Hospital Stay	_____	_____
Other/Explain _____		

Has the camper been properly immunized? Y___ N___

Does the camper take medication? Y___ N___

Explain _____

Are there any physical or emotional conditions that might bear on the camper's abilities or performance? Y___ N___

Explain _____



PROUD SUPPORTERS:

All-Star Football Camp, LLC
 16 Eleron Place
 Wayne, New Jersey 07470
www.AllStarFootballCamp.com
 Like us All-Star-Football-Camp



GRADES 1-9

JULY 7-10

(Monday – Thursday)

Wayne, NJ

David Waks Memorial Field

www.AllStarFootballCamp.com

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ALL-STAR FOOTBALL

All-Star Football Camp is an “instructional camp” designed to teach and further develop your individual skills. All-Star Football Camp is a “non-contact” camp. Our camp teaches self-confidence, respect and success.

- First rate instruction from the finest football coaches/players in the area.
- Low camper to coach ratio.
- Station drills; small group instruction.
- Two touch football games daily.
- Speed, strength & agility training
- Punt, pass & kick competitions.
- Individual and team awards.
- Camp T-shirt and football.

DIRECTOR

John DePalma:

- Over 30 years of coaching experience
- High School Administrator
- 4 Coach of the Year Awards
- Coached many All-League, All-County, and All-State athletes

STAFF

Our Staff is comprised of many respected and experienced high school, college and NFL coaches from the area. Including DePaul Catholic, Wayne Valley, PCTI, and the New England Patriots. In addition, we are fortunate to have outstanding local high school and college athletes who have attended and/or assisted at the camp as well.

For more information contact:

Michele DePalma, Camp Coordinator
201-280-1987

email: footballcampallstar@gmail.com

CAMP DETAILS

GRADES

Athletes entering grades 1 through 9 in September 2025.

Players will be divided into groups by age and/or ability.

DATE - TIME - LOCATION

July 7-10, 2025 (Monday -Thursday)

9 am - 3 pm

David Waks Memorial Field

39 Barbour Pond Rd., Wayne, NJ

(off of Valley Road)

* Last day of camp: Award ceremony starts at 2 pm

LUNCH

Campers must provide their own lunch

Small coolers to store lunch/drinks are recommended

(Note: a pizza lunch will be provided on last day)

Snacks/beverages may be purchased on site

COST

\$260 covers four days of instruction, camp T-shirt, football, last day pizza lunch, plus certified trainer

Venmo: @AllStar-FootballCamp

Enrollment is limited

CANCELLATION POLICY

A \$50 cancellation fee will be applied for cancellations after June 1st.

This is NOT a School Function



REGISTRATION FORM 2025

BOTH SIDES MUST BE COMPLETED

Registrant's Name

Grade in September 2025

Address

City, State, Zip

Email Address (important)

Telephone Number/Cell Number

T-Shirt Size	Youth: Med. Large
(Please circle one)	Adult: Sm. Med. Large

WAIVER AND RELEASE

In consideration of the acceptance of this application, we the below signed, our heirs, consenters, administrators to be legally bound to the terms and conditions hereafter set forth: We hereby give our consent and approval to the participation of the applicant in the program conducted by the All-Star Football Camp and certify that he/she is physically fit to take part in all activities. Further, we do hereby waive, release and forever discharge said organization, its staff, officers, agents, representatives, employees and their successors and agents from any and all claims for damages concerning or ensuing from an accident, injury to person or loss of personal property occurring during this stated camp, his/her participation in activities or arising from his/her traveling to or from camp. WE ALSO AUTHORIZE THE DIRECTOR OF THE ALL-STAR FOOTBALL CAMP TO ACT FOR ME ACCORDING TO HIS BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

SEND REGISTRATION WITH CHECK PAYABLE TO:

All-Star Football Camp, LLC
16 Eleron Place
Wayne, New Jersey 07470

Register Online:
AllStarFootballCamp.com