

# 2026 PITTSFORD YOUTH FOOTBALL CAMP

## BIG CATS FLAG FOOTBALL

Grades 2<sup>nd</sup> - 6<sup>th</sup>  
Saturday Mornings 9am – 10:30am

- Spring Camp: 4/11, 4/18, 4/25, 5/2, 5/9, 5/16

### Pittsford Youth Football Camp Staff

Varsity Head Coach: Steve Marriott  
Varsity Assistant Coach: Jason Bernas  
JV Head Coach: Brian Tripp

2026 Varsity Football Players

### Camp Information

#### Location:

- Pittsford Mendon High School  
Varsity Football Practice Field

#### Eligibility:

- All Students Grades 2<sup>nd</sup> – 6<sup>th</sup>

#### When: Saturday Mornings

- 4/11, 4/18, 4/25, 5/2, 5/9, 5/16

#### Time: 9am-10:30am

- Spring Camp: \$100
- Max Per Family: \$175

#### What to Bring:

- Cleats or sneakers
- T-shirt - Shorts
- Water bottle

**\*All Players will receive a  
Pittsford Football T-Shirt**



### Payment & Contact Information

Make checks payable to:  
Pittsford Football Camps

Send payments to:  
Pittsford Football Camps  
7 Cricket Hill Drive  
Pittsford, New York 14534

For Questions: (585) 267-3489  
Jason\_bernas@pittsford.monroe.edu

### Camp Goals

- ✚ Introduce and develop the basic skills associated with football
- ✚ Encourage self-confidence and a positive attitude towards the game of football
- ✚ Focus on importance of sportsmanship, integrity and teamwork
- ✚ Promote fun in a physical setting while focusing on learning
- ✚ Games will be played in a small group format
- ✚ **PLAYERS WILL BE GROUPED BY AGE AND ABILITY LEVEL**

### **Registration Process → Please Complete Registration Form – Sign Medical Release – Mail with Payment**

Make checks payable to: Pittsford Football Camps

**Youth T-Shirt Size:** Small – Medium – Large – X-Large (Circle One)

**Adult T-Shirt Size:** Small – Medium – Large – X-Large (Circle One)

Player Name: \_\_\_\_\_ Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Birth date/Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Person to notify in case of Emergency: \_\_\_\_\_ Phone # \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Allergies/Medications: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_ Policy # \_\_\_\_\_

Neither Pittsford Football nor the staff of the Pittsford Football Camps assumes responsibility for accidents or medical expenses incurred as a result of participation. All participants will assume responsibility for any medical expenses incurred. I have adequate medical coverage and insurance and give my son/daughter permission to attend the Pittsford Youth Football Camp. With this signature, I agree to indemnify Pittsford Football Camps and volunteers, from any claim which may be presented as a result of an injury to my child.

\_\_\_\_\_  
Parent/Guardian's Signature - Date