



**2026 Cedar Crest  
Falcon Football  
YOUTH CLINIC**



**JULY 1<sup>st</sup> – CEDAR CREST HIGH SCHOOL STADIUM 5:45 pm – 8:45 pm  
YOUTH ATHLETES ENTERING GRADES 1-7**

**CLINIC INFORMATION:**

- NO FOOTBALL EXPERIENCE NEEDED
- Non-contact drills & activities
- Skills & Drills taught for all positions
- Emphasis on footwork & agility
- Proper tackling techniques
- Ball skills

**GOAL:**

Our goal is to provide a one-day camp in which all athletes receive instruction on the basic fundamentals of football. Coaches from the high school varsity staff will provide a positive experience to all campers while teaching the game through drill work and group instruction.

**EQUIPMENT:**

Athletes should bring cleats (encouraged, but not required), water bottle, and wear comfortable clothing.

**COACHING STAFF**

Current Cedar Crest Varsity/JV coaching staff will provide instruction  
Current Cedar Crest V/JV football players will work with the campers demonstrating drill work and providing instruction

**Activities**

- |                                      |                              |
|--------------------------------------|------------------------------|
| <b>Offensive Skills &amp; Drills</b> | <b>Speed &amp; Agilities</b> |
| <b>Obstacle Course</b>               | <b>Punt-Pass-Kick</b>        |
| <b>Defensive Skills &amp; Drills</b> | <b>Team Building</b>         |

**Youth Clinic Fee: \$25 Dollars**

Make checks payable to: **FALCON FOOTBALL CLUB**  
Or VENMO: @Falcon-Football-242  
Mail completed form & check to:

Falcon Football Club  
c/o Starr Brubaker  
101 E. Evergreen Rd  
Lebanon, PA 17042

Name of Student Athlete: \_\_\_\_\_

Grade Level for 2026-2027 School Year: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Emergency Contact (if different than above): \_\_\_\_\_

\_\_\_\_\_

**Coach Lambros Contact Email:** [nlambros@clsd.k12.pa.us](mailto:nlambros@clsd.k12.pa.us)

The undersigned gives permission for this student to attend the **Falcon Football Youth Clinic**.

I have no knowledge of any physical impairment that would affect or be affected by my student's participation in this camp. I acknowledge having insurance coverage should an accident occur, and will not hold the Cornwall-Lebanon School District or any member of the Clinic staff responsible should an accident occur. In the event of an emergency in which my child requires medical care, I authorize the staff or the Clinic to act for me and obtain for him whatever medical treatment the staff deems necessary and appropriate.

Please attach a note explaining special limitations and/or required medication, if any: (Parent/Guardian Signature)

X \_\_\_\_\_