

## COACHES

**BRYAN COLLINS**, HEAD COACH/  
DEFENSIVE COORDINATOR  
**BRIAN HUGHES**, OFFENSIVE  
COORDINATOR/OFFENSIVE LINE  
**JIM GIBBONS**, LINEBACKERS/SPECIAL  
TEAM COORDINATOR  
**ERNIE BLOUNT**, DEFENSIVE BACKS  
**JON GILL**, PASS GAME COORDINATOR/  
QUARTERBACKS  
**MARK VERDI**, OUTSIDE LINEBACKERS  
**JASON CALMAN**, RUNNING BACKS  
**MAURICE BAKER**, DEFENSIVE ENDS  
**ROSS RAGONESI**, DEFENSIVE  
ASSISTANT  
**LOU SCALA**, DEFENSIVE LINE  
**TYLER COLLINS**, OFFENSIVE  
ASSISTANT  
**TERRENCE SINO**, OFFENSIVE  
ASSISTANT

## SCHEDULE

**9 A.M.** .....REGISTRATION  
**10 A.M.** .....INTRODUCTIONS/WELCOME  
COACH COLLINS  
**10:15 A.M.** .....SKILLS TESTING  
**11:25 A.M.** .....POSITION SKILL EVALUATION  
**12:00 P.M.** .....BREAK  
**12:15 P.M.** .....COMPETITIONS  
**1:00 P.M.** .....CAMP ENDS  
TOURS OF CAMPUS  
AVAILABLE UPON REQUEST

## INFO

### ELIGIBILITY:

FOOTBALL PLAYERS  
ENTERING 11TH AND 12TH  
GRADE

### EQUIPMENT:

SHORTS, CLEATS, SHIRT &  
MOUTHPIECE

### FEES:

\$60 PER ATHLETE

### WHERE:

BETHPAGE FEDERAL  
CREDIT UNION STADIUM  
AT LONG ISLAND  
UNIVERSITY



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

My son is in good health and has my permission to participate in the LIU Football Prospect Camp. He has no prior sickness (include an illness or disease) or bodily injury that is contraindicate to participate in this clinic.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The law requires that parental permission be obtained so that medical attention may be administered to minors. The following consent for must be signed by the parent, in order that such procedures, as judged necessary, may be conducted without undue delay. However, no major operation will be performed, except in extreme emergency, without the parent being contracted & fully informed. I give my permission for such first-aid procedures to be performed as may be deemed necessary for my son and also agree to the present information concerning his medical condition to all responsible camp officials.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOOTBALL PROSPECT CAMP REGISTRATION FORM

CHECKS PAYABLE TO: LONG  
ISLAND UNIVERSITY 720  
NORTHERN BLVD  
BROOKVILLE, NY, 11548

## TO REGISTER ONLINE, VISIT:

[HTTPS://COMMUNITY.LIU.EDU/  
COACH-COLLINS-PROSPECT-CAMP](https://community.liu.edu/coach-collins-prospect-camp)