2019 Twinsburg Tigers Youth Football Camp Registration

DATES: July 16, 17, & 18, 2019

TIME: 5:30 to 8:00 PM

LOCATION: TIGER STADIUM – located behind R.B. Chamberlin Middle School
10270 Ravenna Road, Twinsburg, OH 44087

WHO: Student-athletes entering grades 2 thru 8 in the fall of 2019

COST: $50.00 (Includes a camp t-shirt) – CASH OR CHECK MADE PAYABLE TO:
TWINSBURG ATHLETIC BOOSTERS C/O FOOTBALL

DUE DATE: July 8, 2019

RETURN COMPLETED FORM AND EMA TO:
Mike Bell, Camp Director
Twinsburg High School - 10084 Ravenna Road, Twinsburg OH, 44087
*You can also turn form into the main office at your school up until June 4, 2019*

WHAT TO BRING: Gym shoes and/or NON-METAL cleats, light snack/drink & extra,
change of shorts & T-shirt (optional), sun screen.
A great attitude and desire to improve your skills & have fun!

WHAT TO EXPECT: The 2019 Tigers Football Camp will emphasize individual offensive
and defensive position techniques with plenty of one on one
personalized instruction from an experienced coaching staff led by
Tigers Head Football Coach Mike Bell. The camp will also include
instruction and demonstration of techniques by current and former
Tiger football players. LEARN THE “TIGER WAY”!

CONTACT COACH MIKE BELL WITH QUESTIONS: mbell@twinsburgcsd.org

Camper Name__________________________________________Grade Entering in 2019__________

Address_________________________________________________Phone_________________________

Choose T-Shirt Size: Youth Medium (10-12)______ Youth Large (14-16)______

Adult Small______ Adult Medium______ Adult Large______

Specify larger size here (if necessary)______

EMERGENCY MEDICAL AUTHORIZATION

Student’s Name__________________________________________Home Phone____________________
Purpose: To enable parents/guardians to authorize the provision of emergency treatment for students who become ill injured while under school authority when the parents/guardians cannot be reached.

**This form MUST BE COMPLETED in full to participate in The Twinsburg Tiger Youth Football Camp**

TO GRANT CONSENT
In the event reasonable attempts to contact ______________________________ (parent/guardian) at:

HOME ________________________ CELL ________________________ WORK ______________________

or reasonable attempts to contact ________________________________ (other parent/guardian) at:

HOME ________________________ CELL ________________________ WORK ______________________

have been unsuccessful, I hereby give my consent for:
1. The administration of any treatment deemed necessary by Dr. ______________________________ (preferred doctor) or another licensed physician or dentist, if preferred practitioner is not available.
2. The transfer of the student to ________________________________ (preferred hospital) or any other hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist concur on the necessity for such surgery before the performance of such surgery. Facts concerning the child’s medical history include allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parent/Guardian Signature ______________________________ Date ________________

Address _____________________________________________________________

Twinsburg City School District
Athletic Department
10084 Ravenna Road
Twinsburg, Ohio 44087

AGREEMENT OF RISK
My child and I are aware that participating in The Twinsburg Tiger Youth Football Camp is a potentially hazardous activity. I assume all risks associated with participation in this sport including, but not limited to, falls, contact with other participants, and other reasonable risk conditions associated with the sport. I waive all rights to financial assistance for medical and/or hospitalization expense incurred by my child while involved in any phase of athletic participation. I assume responsibility for payment of any and all expenses for treatment of such occurrences.

Student Signature ______________________________ Date __________

Parent/Guardian Signature ______________________________ Date __________