



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 _____

Address _____

Parents/Guardians _____

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 _____