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|  | Image result for football | **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 ℅ 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 \_\_\_\_\_\_\_\_\_\_