



2023 TWINSBURG TIGERS YOUTH FOOTBALL SUMMER CAMP

DATE: June 21, 2023

TIME: 5:30 - 8:00 PM

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

WHO: Student athletes entering grades 1 thru 6 in the fall of 2023

COST: \$20 per camper (includes a t-shirt)

Cash or check payable to: Twinsburg Athletic Boosters % Football

DEADLINE: June 1, 2023

To register, return all required forms (registration, EMA, Agreement of Risk):

- By mail: Twinsburg High School Athletic Department
10084 Ravenna Rd, Twinsburg, OH 44087
Attn: Charles Saulter
- THS Welcome Center Monday – Friday 7:30am-3:00pm
- We will accept walk-in registrations the first day of camp if you arrive no later than 5pm
You will not be guaranteed your requested t-shirt size if you choose this option

WHAT TO BRING:

- Gym shoes and/or NON-METAL cleats and a labeled drink.
- A great attitude and desire to improve your skills & have fun!

WHAT TO EXPECT: The 2023 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, Charles Saulter. The camp will also include instruction and demonstration of techniques by current and former players.

CONTACT COACH CHARLES SAULTER WITH QUESTIONS

CSAULTER@TWINSBURGCSD.ORG

Camper's Name _____ Grade entering in 2023-2024 _____

Address _____ Phone _____

Choose T-Shirt Size: Youth Small _____ Youth Medium _____ Youth Large _____
Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____

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 Tigers 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 - 10270 Ravenna Road, Twinsburg, Ohio 44087

AGREEMENT OF RISK

My child and I are aware that participating in the Twinsburg Tigers 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 _____