



# 2024 TWINSBURG TIGERS YOUTH FOOTBALL SUMMER CAMP

**DATE:** June 26, 2024

**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 k-8 in the fall of 2024

**COST:** \$10 per camper (includes a t-shirt)

Cash or check payable to: Twinsburg Athletic Boosters % Football

**DEADLINE:** June 18, 2024

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-2:45pm
- 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 2024 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 2024-2025 \_\_\_\_\_

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 \_\_\_\_\_