



2018 North Olmsted Eagles Football Youth Skills Camp



Goals:

The objective of this camp is to introduce basic football skills to North Olmsted’s youth and is designed to expose players to the different techniques and fundamentals needed to be successful at all of the different football positions. The camp will focus on football fundamentals (not specific schemes). This is also a great opportunity for the coaching staff to get to know the kids in North Olmsted. It is our primary goal to ensure that those who attend this camp will have fun, learn about football, and the importance of teamwork.

Ages:

The camp is open to all students who will be ENTERING grades 1-6 (current K-5)

Football Camp Date and Time: (1 DAY FOR 2.5 hours)

MONDAY JUNE 18, from 11:00-1:30

Cost:

Camp cost includes a camp T-shirt

Early camp registration: by June 1st -\$25 per athlete

After June 1st or walk up day of camp: \$30 per athlete

Payment and Registration: (cash, checks, or online at NO athletics website)

Please make checks payable to **North Olmsted High School**

Registration may be made by sending form to:

North Olmsted Youth Football Camp
North Olmsted High School (C/O Tim Brediger)
5755 Burns Rd. North Olmsted, Ohio 44070



✂ Return bottom half to Tim Brediger at North Olmsted High School

Please write down participants names, grade level (fall 2018), and shirt size.

If ordering for more than one participant please indicate which size for each.

T-shirt sizes: YS YM YL S M L XL XXL XXXL—guaranteed for early registration!!!!

Participant Name(s): _____ **Grade** _____ **Size** _____

Early Registration Form Due: June 1 _____ **Grade** _____ **Size** _____

_____ **Grade** _____ **Size** _____

Pre-registered campers will get the shirt size they ordered and every attempt will be made to make sure we have enough t-shirts and sizes available for late camper registration.

Are you allergic to any drugs? **Yes/ No** Do you have any allergies? (i.e.. Bee sting, dust, etc.) **Yes/ No**

Do you suffer from asthma, diabetes or epilepsy? _____

Participant information that the coaching staff needs to know:



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Football Camp Location:

We will use The Chestnut School Facility behind building

Equipment:

No football equipment is needed. Campers should have shorts, t-shirts and athletic shoes or cleats. Campers should bring their OWN water (please include name on bottle)

Instruction:

The North Olmsted football coaching staff and the Varsity football team will be conducting all camp instruction.

Weather:

We will run the North Olmsted camp UNLESS severe weather

Questions can be directed to Coach Tim Brediger at Tim.Brediger@nocseagles.org



Follow Coach Brediger and eagle football for information @NOFBpersist—especially for weather updates

✂ Return bottom half to Tim Brediger at North Olmsted High School

Parent Release Form:

I certify that I consent to allow my child to participate in the North Olmsted Youth Football Camp in accordance with the rules and regulations imposed by the North Olmsted Athletic Code. I warrant, represent and certify that my child has no physical limitations that would prohibit him or her from participating in said activity. I further acknowledge and agree that I have been informed that the reasonably known risks of sports programs of this type include the following: sprains, muscle strains, muscle pulls, and fractures. I acknowledge and agree that my questions regarding these risks have been satisfactorily answered.

In consideration of allowing my child to participate in the North Olmsted Youth Football Camp I do hereby release and forever discharge North Olmsted City Schools and its employees and volunteers from and against any and all actions, causes of action, claims, demands, liabilities damages of any kind or nature whatsoever on account of any and all known and unknown injuries, losses or damages which my child may have or incur at the North Olmsted Youth Football Camp or while on route to and/or from such events or which may result from my child's participation in such events as a result of, or in connection with my child's participation at the camp.

Parent or legal guardian signature: _____ Date _____

Emergency Contact Phone: 1# _____ 2# _____

PART 1 - TO GRANT CONSENT (Please sign Part 1 or Part 2)

1 (Preferred Physician) _____ Phone: _____

2 Transfer of my Student to _____ (preferred hospital) or any hospital that is reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Are there any other facts concerning the students medical history or physical impairments to which a physician should be alerted?

PARENT'S SIGNATURE: _____ Date: _____

PART II - REFUSAL TO CONSENT (Please sign Part 1 or Part 2)

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want the school authorities to TAKE NO ACTION and to follow this procedure:

PARENT'S SIGNATURE: _____ Date: _____