



NOMS FOOTBALL SKILLS CAMP

Who: This event is open to all students entering 7th and 8th grade

Where: Chestnut School, 30395 Lorain Road, North Olmsted

When: June 19, 20, 21, from 10am-12pm, check-in at 9:30am

Cost: \$40 per Athlete (cash or check made out to "N.O. Athletics") (includes t-shirt)

What to Bring: Tennis shoes/cleats, shorts, t-shirt, water with Athletes name on it.

What: This 3-day camp will be hosted by the Middle and High School coaches, to help prepare Athletes for success this season. Athletes can expect to learn position specific skills, as well as be put through speed and agility drills. In addition, Athletes will learn fundamentals of offense, defense, and special teams. We ask that you bring your athlete early (9:30am) to get checked in and help move things along. We hope that you all are looking forward to this season as much as we are. Go Eagles!

How to sign up: Please return the attached registration form at the first day of camp or sign up on the athletic website under the "Camps" tab with a credit card.

***Any questions please email Coach Taylor at matthew.taylor@nocseagles.org**

****Camp will go on unless there is lightning and/or thunder. In the case of inclement weather camp days will be moved to alternate dates that are to be determined at this moment. We ask that you please sign up for the remind app for this camp to communicate important updates. Instructions for the remind app sign up are below. Thank you.**

REMIND APP SIGN UP

1. If you have a smartphone, get push notifications.
 - a. On your iPhone or Android phone, open your web browser and go to the following link: rmd.at/msfbcamp18
 - b. Follow the instructions to sign up for remind. You'll be prompted to download the mobile app.
2. If you don't have a smartphone, get text notifications.
 - a. Text the message [@msfbcamp18](#) to the number **81010**
 - b. If you're having trouble with **81010**, try texting [@msfbcamp18](#) to **(786)422-5936**.
 - c. *Standard text rates apply.

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**PLEASE BRING THIS FORM ALONG WITH
PAYMENT TO CAMP**

ATHLETE'S NAME: _____

GRADE: _____ AGE: _____

SCHOOL ATTENDING: _____

CONTACT NUMBER: _____

EMERGENCY CONTACT AND NUMBER:

T SHIRT SIZE: YOUTH S M L

ADULT: S M L XL

***I hereby authorize the staff of North Olmsted High School to act for me per their best judgement in case of any medical emergency that occurs with my child. I waive and release North Olmsted High School and the Football program from all liabilities and/or injuries and illnesses that occur while at camp. I know of no mental or physical problems which may affect my child's ability to participate safely in camp. I understand that no insurance will be provided for my student-athletes at camp.

PARENT SIGNATURE: _____

DATE: _____