

2019 CIRCLEVILLE TIGERS YOUTH FOOTBALL CAMP

WHO: FOR STUDENTS CURRENTLY (2018-2019 SCHOOL YEAR) IN THE 2ND THROUGH 5TH GRADES

WHAT: A TOTALLY FREE FOOTBALL CAMP THAT WILL HAVE ALL PLAYERS LEARNING THE MECHANICS AND FUNDAMENTALS OF THE GAME BY THE CIRCLEVILLE HIGH SCHOOL FOOTBALL COACHING STAFF AND PLAYERS IN A LOW-STRESS ENVIRONMENT THAT ENCOURAGES THEM TO HAVE FUN.

WHEN: MAY 16TH FROM DIRECTLY AFTER SCHOOL UNTIL 5:30 PM

WHERE: SAVINGS BANK STADIUM (THE FOOTBALL FIELD)

COST: FREE!

REPRESENTATIVES FROM CIRCLEVILLE YOUTH FOOTBALL WILL BE ON HAND AT THE CONCLUSION OF THE CAMP IN ORDER TO DISCUSS SIGNING UP TO PLAY THIS FALL!

PLEASE HAVE FORMS RETURNED NO LATER THAN FRIDAY MAY 3RD, IN ORDER TO GUARANTEE WE ARE ABLE TO PROVIDE YOUR CHILD WITH A T-SHIRT!

For questions contact Coach Luke Katris, (Cell) 614-804-7391



ALL PLAYERS WHO ATTEND WILL RECEIVE A FREE T-SHIRT PROVIDED BY OUR CAMP SPONSORS!!!

CAMP SPONSORS: PICKAWAY CHIROPRACTIC CENTER - DR. JOSH DICK
BUCK SPOT TRUCKING - JEFF LANMAN

2019 CIRCLEVILLE TIGERS YOUTH FOOTBALL CAMP

PLEASE PRINT

Name: _____ Grade: ____ Date of Birth: _____

Address: _____ City: _____ State: ____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Work Phone: _____ Alternative Number: _____

T-Shirt Size: (Circle) Adult: S M L XL XXL Youth: M L

PARENT/GUARDIAN AGREEMENT: I agree to allow my child/ward to participate in the Tiger Youth Football Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Tiger Youth Football Camp which may cause serious injury. I also understand that, despite safety precautions, neither the Tiger Youth Football Camp or Circleville High School can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Tiger Youth Football Camp.

Parent/Guardian Signature: _____ Date: _____

THIS FORM CAN BE RETURNED TO YOUR CLASSROOM TEACHER OR MAILED TO CIRCLEVILLE
HIGH SCHOOL: CIRCLEVILLE HIGH SCHOOL
COACH LUKE KATRIS
380 CLARK DRIVE
CIRCLEVILLE, OH 43113