BIG RED FOOTBALL CAMP

**Tuesday June 1st – Thursday June 3rd**

**Boys Entering Grades 3rd – 6th**

**Date:** Tuesday June 1stthru Thursday June 3rd

**Time:** 9:00am – 11:30am

**Place:** Harding Stadium

**Includes:** Camp Shirt

Students will be instructed in fundamental skills, defensive, and offensive philosophies. Students will be instructed by the coaching staff of Steubenville High School, former athletes, and current players. Camp will be sponsored by Reno Saccoccia, Football Coach at SHS. Campers will be supervised at all times. They will not be permitted to leave the school area at any time. Campers will be expected to abide by camp rules and regulations. If you have any questions regarding the Big Red Football Camp, you can contact John Arlesic at (740) 282-9741(school) or jarlesic@rollred.org (email).

Cut off the application below and send to:

Steubenville High School

Attn: John Arlesic

420 North 4th Street

Steubenville, Ohio 43952

STEUBENVILLE BIG RED FOOTBALL CAMP APPLICATION

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE (**next yr**.)\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-SHIRT SIZE**: **YOUTH** S M L

**ADULT** S M L XL XXL(Please circle)

**Where can the parents be reached if not at home.**

MOTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of accident or illness, I request the school contact me. If the school is unable to reach me, I hereby authorize the school to contact the Physician indicated below and to follow his/her instructions. If it is impossible to contact the Physician, the school may make any necessary arrangements.

PHYSICIAN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give my consent and approval for my daughter to participate in the Steubenville Big Red Basketball camp. I certify that he is physically fit to take part in camp activities.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_