

2018 ST. PAUL FOOTBALL CAMP OF CHAMPIONS

JULY 9th and 10th

9-11a.m.

For boys entering 5th, 6th, 7th, and 8th grades

Cost \$30.00

Daily instruction provided by the Varsity, Jr. High, and Youth Staffs. Each athlete will receive individual instructions to the basic fundamentals of football such as ball handling, passing, blocking, receiving and all phases of defensive play. All positions will be taught, as well as instruction on nutrition, flexibility, and weight training. Each camper will receive a *Camp of Champions* t-shirt and a football.

Application, Consent to Treatment, and Health Form must be completed and sent along with full payment to St. Paul High School, 93 East Main Street, Norwalk, Ohio 44857, attn. John Livengood. Please make all checks payable to St. Paul High School. All applications must be received by June 11, 2018. Any questions?.....call the Athletic Department Office at 668-7755.

Camper's Name _____ Address _____ Campers Grade in 2018 _____

City _____ Zip _____ Phone# _____ T-Shirt size _____ (adult size)

Position on Offense _____ Defense _____

Consent to Treatment:

In partial consideration of our child's acceptance into the St. Paul Youth Football Camp, I/we as parents and/or legal guardians of _____ do hereby agree to waive all liability of the St. Paul Football Camp and St. Paul High School employees and staff and the Diocese of Toledo for any accident, injury, (including death), illness, or other mishap which might befall the above-named camper while traveling to or from, or during his attendance at the St. Paul Football camp. Further, I/we hereby grant permission to the staff of St. Paul High School or any medical or surgical consultant deemed advisable, and any hospital to render to the above named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Parent or legal guardian's name (printed) _____ Signature _____ Phone (home) _____ Phone (work) _____

Phone (emergency) _____

Camper's Health Form: Please circle any of the following conditions: asthma, bleeding disorders, convulsions/seizures, diabetes, head injuries/concussions, heart disease, rheumatic fever.

Allergies to drugs _____ Allergies to foods _____ Last Tetanus Shot _____ Current Medications _____

Chronic or Recurring Illnesses _____ Operations/Injuries _____ Physical Restrictions _____

Physician's Name/Telephone _____ Dentist's Name/ # _____ Medical Insurance _____

Policy Number _____