

2018 TROJAN JUNIOR HIGH FOOTBALL CAMP



Sponsored by the Troy Football Alumni Association

GRADE ENTERING: 7, 8

- DATES:** Monday, July 9-13, 2018 and July 16-20, 2018
- TIME:** 9:00 a.m. – 11:30 a.m.
Please show up 30 minutes early on the first day.
- PLACE/FIELD:** DROP OFF AND PICK UP BEHIND TROY JUNIOR HIGH SCHOOL
- FEE:** **\$70.00 PLEASE MAKE CHECK PAYABLE TO:
TROY FOOTBALL ALUMNI ASSOCIATION**
- SEND:** **APPLICATION AND ENTRY FEE TO:
Troy High School Athletic Department
Attn: Coach Matt Burgbacher
151 W. Staunton Road
Troy, OH 45373**
- BENEFITS:**
- Camp Dri-Fit Shirt and Shorts
 - Instruction from Troy Junior High Coaching Staff
 - Work with offensive, defensive, and special teams positions
 - Basic technique drills and special teams
 - Tour of Troy Memorial Stadium, Locker Room, and Troy High School Weight Facility
- DEADLINE:**
- **YOUR ENTRY FORM AND ENTRY FEE MUST BE RECEIVED BY COACH BURGBACHER BY MONDAY, JUNE 18, 2018 FOR CORRECT SIZE OF APPAREL.**
 - **WALKUP REGISTRATIONS WILL BE ACCEPTED, BUT CORRECT SIZES OF APPAREL WILL NOT BE GUARANTEED.**

2017 TROJAN JUNIOR HIGH FOOTBALL CAMP

APPLICATION FORM



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GRADE ENTERING: 7, 8

Student's Full Name: _____

Parent's or Guardian's Name: _____

Address: _____

Email: _____ Birthdate: _____

Gender (circle one): male female Grade in Fall: _____

Home Phone: _____ Cell Phone: _____

T-SHIRT SIZE: (ADULT) S _____ M _____ L _____ XL _____ XXL _____

SHORT SIZE: (ADULT) S _____ M _____ L _____ XL _____ XXL _____

Complete the information requested and mail us your completed registration form with full payment. Please mail to:

Troy High School Athletic Department
Attn: Coach Matt Burgbacher
C/o Troy Football Alumni
151 West Staunton Road
Troy, OH 45373

CAMP HEALTH INFORMATION

In case of emergency, please call:

Emergency Name and relationship: _____

Emergency Telephone Number: _____

Does this student have allergies? Yes No If "yes" please describe: _____

Any medical conditions? Asthma or breathing difficulty Severe reactions to bee stings

Other Health Concerns Please explain: _____

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• **WALKUP REGISTRATIONS WILL BE ACCEPTED, BUT CORRECT SIZES OF APPAREL WILL NOT BE GUARANTEED.**

WAIVER AND RELEASE:

In consideration of my child’s application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which my child may have or which may hereafter accrue to them against the Troy High School Football Alumni Association, or their respective officers, agents, representatives, successors, and/or assigns; for any and all damages which may be sustained or suffered by them in conjunction with their association with or participation in and/or rising out of their traveling to or returning from said Troy High School.

Signature (Parents or Guardian)

Date

PARTICIPATION AGREEMENT AND WAIVER OF LIABILITY

Activity(ies): _____
(list all activities in which the student participates)

The Undersigned parent and/or guardian of the student understands and is aware that during the Activity(ies) in which the student is participating (identified above), under the direction of Troy City School District and its employees and volunteers (“TCSD”), certain risks and dangers may occur, including but not limited to, hazards of accidents or illnesses, the forces of nature, personal injuries, theft and/or destruction of personal property, acts of third persons, and travel by airplane, automobile, bus, train, or other means. In exchange for TCSD allowing the student to participate in the Activity(ies), the Undersigned hereby assumes the risks as set forth above and the Undersigned on his/her own behalf and on behalf of his/her child hereby releases, discharges and/or waives any and all liability, claims, damages, causes of actions and/or demands against TCSD of negligence and every kind and nature whatsoever which may arise from or in connection with the Activity(ies). The Undersigned further agrees to indemnify and hold TCSD harmless from any claim arising out of or related to the student’s participation in the Activity(ies). This release shall be binding upon the Undersigned and the heirs, next of kin, executors, administrators and personal representatives of the Undersigned.

The Undersigned verifies that the student is covered by a current accident/medical policy of his/her own or with his/her parents and/or guardian.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name