

# 2018 TROJAN HIGH SCHOOL FOOTBALL CAMP



Sponsored by the Troy Football Alumni Association

**GRADE ENTERING: 10, 11, 12**

**DATES:** Please show up 30 minutes early on the first day.

Date	Time
Monday, June 11	9:30 am -12:30 pm
Tuesday, June 12	9:30 am -12:30 pm
Thursday, June 14	9:30 am -12:30 pm
Monday, July 9	9:30 am -12:30 pm
Tuesday, July 10	9:30 am -12:30 pm
Thursday, July 12	9:30 am -3:00 pm (7-on-7 at Troy 11:30-3:00)
Friday, July 13	9:30 am -12:30 pm
Monday, July 16	9:30 am -12:30 pm
Tuesday, July 17	9:30 am -12:30 pm
Thursday, July 19	9:30 am -12:30 pm

**PLACE/FIELD:** TROY VARSITY FOOTBALL LOCKER ROOM/PRACTICE FACILITY

**FEE:** **\$75.00 PLEASE MAKE CHECK PAYABLE TO:**  
**TROY FOOTBALL ALUMNI ASSOCIATION**

**SEND:** **FORMS MUST BE TURNED INTO COACH MATT BURGBACHER BY FRIDAY, JUNE 8, 2018 TO ENSURE CORRECT SIZING OF SHIRT AND SHORTS:**

**APPLICATION AND ENTRY FEE TO:**  
**TROY HIGH SCHOOL ATHLETIC DEPARTMENT**  
**Attn: Coach Matt Burgbacher**  
**C/o: Troy Football Alumni**  
**151 W. Staunton Road**  
**Troy, OH 45373**

**BENEFITS:**

- Dri-fit personalized shirt, dri-fit shorts, game socks
- Instruction from Troy High School Varsity Coaching Staff
- Work with offensive, defensive, and special teams positions

**DEADLINE:** **YOUR ENTRY FORM AND ENTRY FEE MUST BE RECEIVED BY COACH BURGBACHER BY FRIDAY, JUNE 8, 2018**

# 2018 TROJAN HIGH SCHOOL FOOTBALL CAMP APPLICATION FORM



Sponsored by the Troy Football Alumni Association

**GRADE ENTERING: 10, 11, 12**

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: \_\_\_\_\_

**DEADLINE: MUST BE TURNED IN BY FRIDAY, JUNE 8, 2018**

**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