



2018 WCHS YOUTH FOOTBALL CAMP



WHO: ALL ATHLETES ENTERING GRADES 2-8

DATES: MAY 23, 24 & 25, 5:30-7:30PM

LOCATION: WCHS STADIUM

COST: \$70 PRE-REGISTRATION, \$80 WALK-UP

CONTACT: BRENT MORRISON

614-282-5693

MORRISONB@WCSSOH.ORG

REGISTRATION: RETURN TO THIS FORM TO

BRENT MORRISON

WCHS

7119 MT. ROYAL AVE

WESTERVILLE, OHIO 43082

OR ONLINE AT WWW.LOCALLEVELEVENTS.COM/EVENTS/DETAILS/4244

ALL ATHLETES WILL BE COACHED IN THE LATEST AND SAFEST FOOTBALL TECHNIQUES. THIS WILL BE A FUN, COMPETITIVE LEARNING ENVIRONMENT FOR PLAYERS OF ALL SKILL LEVELS. EMPHASIS WILL BE ON OFFENSE, DEFENSE, SPECIAL TEAMS AND A LOVE FOR THE GAME. ON THE FINAL NIGHT OF CAMP ALL PLAYERS WILL GO THROUGH A PUNT, PASS AND KICK COMPETITION AND A PRO-STYLE COMBINE WHICH INCLUDES, LASER-TIMED 40 YARD DASH, PRO-AGILITY, AND VERTICAL JUMP.



CAMPER'S NAME: _____

2018-19 GRADE: _____

SCHOOL: _____

PARENT/GUARDIAN'S NAME: _____

PARENT'S EMAIL: _____

EMERGENCY CONTACT NUMBER: _____

T-SHIRT SIZE: YS YM YL S M L XL XXL

IN THE EVENT OF AN EMERGENCY,

PART I CONSENT - In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the admission of any

treatment deemed necessary by (preferred hospital) _____ or any other

hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity

for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments

to which a physician should be alerted to _____.

Date: _____ Signature: _____

PART II - REFUSAL TO CONSENT - I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish school authorities to take no action.

Date: _____ Signature: _____

