

PANTHER YOUTH FOOTBALL CAMP

CAMP: Panther Football Camp for any youth grades 3-6.

Dates & Time: Wednesday-Thursday
July 25-26
5:30-8:00pm

Where Behind High School at Varsity Practice field

Equipment: Just T-shirt, shorts, and any type of shoes.

Fundamentals: This camp will stress the following Fundamentals:

1. Rules of the Game
2. Safe and proper tackling
3. Proper Blocking Technique stressing the feet and hands, alignment and stance
4. They will Learn and know our main play at the varsity level
5. ALL Defensive Positions and Techniques.
6. ALL Offensive Positions and Techniques.
7. The basic fundamentals of the kicking game.
8. Play Our Air Attack Passing Game
9. Receive a Panther Camp T-shirt: T-shirts are the same T-shirt design as the Varsity Football Players to wear with PRIDE

Cost: \$25.00 Early Registration (deadline 7-16-12)
\$30.00 Late Registration due the first day of camp.

For early registration: Make check out to Norton High School
Mail Check to Coach John Tanksley
4128 Cleveland-Massillon Road
Norton, Ohio 44203

Or Stop in and see me at the High School Weight Room on
Mon, Wed, Fri, from 8-noon.

I will also take registrations at the Youth Sign Up Day on
Sunday, June 24th, 2012 from 5-8pm

This camp is a great opportunity to get prepared for youth football. It is also a great opportunity to be coached by the Varsity Football Players and some of the Varsity Coaches.

Attached Emergency Medical Card to be filled out for camp. After camp days we will return them to you.

Emergency Procedure Card
Norton City Schools

Students Name _____
Last First MI

Home Address _____
& Street City Zip Code

Phone _____ Grade _____

PARENT / GAURDIAN INFORMATON

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relation to student _____

Place of Business _____ Has Legal Custody yes _____ no _____

Home Phone _____ Work Phone _____ Cell _____

If mother/father separated, is there a problem having student contact other parent?
Yes _____ No _____

List two neighbors or relatives who will assume temporary care of your student if you cannot be reached. Any adult name listed may remove student from school.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Preferred Hospital _____

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

Local Physician Name _____

Address _____ Phone _____

Alergies _____

Local Dentists Name _____ Phone _____

Signature of Parent or Guardian: _____ Date _____