

# CAMP REQUEST FORM

SPORT: Football DATES OF CAMP: July 28, 29, 2014

WHO IS ELIGIBLE?

AGE/GRADE OF PARTICIPANTS: Grades 1-6

NORTON ONLY OR OTHERS: Norton

HOW WILL THE CAMP BE ADVERTISED? Elementary's M.S. Handouts - Email  
(Please attach a copy of the camp brochure/flier) Youth Meetings & sign ups web site

COST: 25<sup>00</sup>

COMPLETE THE FOLLOWING:

\*COST BREAKDOWN PER CAMPER

T-Shirt/Jersey	<u>✓</u>	Instruction	_____
Refreshments	_____	Advertising	_____
Prizes	_____	Additional Costs	_____
Total	_____		

\*NAMES OF COACHES/INSTRUCTORS:

John Tanksley Broc Dial (Varsity Players)  
Scott Trivisonno

\*SALARY BREAKDOWN OF COACHES/INSTRUCTORS:

No Salaries (All Funds go to general Camp fund)

The following should be included in your camp brochure/flier:

\*A SPECIFIC TIME SCHEDULE FOR EACH DAY

\*OBJECTIVES

\*FACILITY USE - PLACES, DATES AND TIMES

(Note: Outside groups must complete facility use form and provide liability insurance)

John Tanksley  
(Signature of Sponsor)

2/4/14  
(Date)

Bruce Miller  
(Signature of Athletic Director)

2/14/14  
(Date)

\_\_\_\_\_  
(Signature of Building Principal)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Superintendent)

\_\_\_\_\_  
(Date)

## PANTHER YOUTH FOOTBALL CAMP

**CAMP:** Panther Football Camp for any youth grades 1-6.

**Dates & Time:** Monday-Tuesday  
July 28 - 6:00-8:00pm  
July 29 - 6:00-8:00pm

**Where** Behind Middle School at Youth Practice field

**Equipment:** 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:

**Cost:** \$25.00 Early Registration (deadline 7-18-14)  
\$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., Tues., Wed., Thurs. from 8-noon.

I will also take registrations at the Youth Sign Up Day

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 \_\_\_\_\_

Allergies \_\_\_\_\_

Local Dentists Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_