CAMP REQUEST FORM SPORT: DATES OF CAMP: July 15-16, July 22-23 WHO IS ELIGIBLE? AGE/GRADE OF PARTICIPANTS: 7th 8th GRADE NORTON ONLY OR OTHERS: Norton HOW WILL THE CAMP BE ADVERTISED? (Please attach a copy of the camp brochure/flier) COST: COMPLETE THE FOLLOWING: *COST BREAKDOWN PER CAMPER T-Shirt/Jersey Instruction Refreshments Advertising Additional Costs Prizes Total *NAMES OF COACHES/INSTRUCTORS: *SALARY BREAKDOWN OF COACHES/INSTRUCTORS: Volenteens 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) (Signature of Sponsor (Signature of Athletic Director) (Signature of Building Principal) (Signature of Superintendent) (Date)

7TH-8TH GRADE PANTHER FOOTBALL CAMP

CAMP: 7TH-8TH GRADE FOOTBALL

WE WOULD LIKE ALL PLAYERS IN OUR JUNIOR HIGH TO ATTEND,

UNLESS ON VACATION OR OUT OF TOWN.

CONTACT PERSON: COACH TANKSLEY - 330-417-4057

COACHES: THIS CAMP WILL BE CONDUCTED BY COACH TANKSLEY, VARSITY

COACHES AND JUNIOR HIGH COACHES.

DATES & TIMES: MONDAY, TUESDAY

JULY 15, 16 WITH VARSITY & MIDDLE SCHOOL COACHES

6:00-8:00 PM

MONDAY, TUESDAY

JULY 22, 23 WITH MIDDLE SCHOOL COACHES

6:00-8:00 PM

WHERE: BEHIND THE MIDDLE SCHOOL AT PRACTICE FACILITY

FUNDAMENTALS: THESE PRACTICES WILL BE RUN LIKE A VARSITY

PRACTICE. THIS IS YOUR OPPORTUNITY TO GET A HUGE JUMP ON TECHNIQUE AND FUNDAMENTALS

WITH THE VARSITY COACHES.

Cost: \$25.00 - Each Camper WILL GET A PRACTICE JERSEY AND A

CAMP T-SHIRT PLEASE MAKE CHECKS PAYABLE TO NORTON CITY

SCHOOLS. YOU CAN MAIL YOUR PAYMENT TO:

COACH TANKSLEY

4128 CLEVELAND-MASSILLON ROAD

Norton, Ohio 44203

OR YOU CAN TAKE YOUR PAYMENT TO ANY MONDAY

CONDITIONING PRACTICES IN THE MONTH OF JUNE

Attached: Emergency Medical Card to be filled out for camp. They will be

forwarded to middle school coaches to use for the season.

Emergency Procedure Card Norton City Schools

Students Name					
Last		First	MI	Shirt Size	
Home Address	- Cr		·	7' 0 1	
# & Street		C	ity	Zip Code	
Phone		G	rade		
	PARENT / GAURDIA	AN INFORMAT	ON		
Name		Relation to stude	on to student		
Place of Business		_ Has Lega	Has Legal Custody yes no		
Home Phone	Work Phone	Ce	ell		
Name	Relation to student				
Place of Business	+1	Has Legal Custody yes no		no	
Home Phone	Work Phone	Ce	ell		
	tives who will assume templisted may remove student Relation		our student if y Phone	ou cannot be	
Name		nship	Phone	1/20	
		/	Though the second secon		
me, I hereby authorize the If it is impossible to contain necessary.	ous illness I request the sch school to call physician in ct this physician, the schoo	dicated below ar Il may make wha	nd to follow hi	s/her instructions. nents seem	
Alergies					
Local Dentists Name		Phone	Phone		
Signature of Parent or Guardian:			Date		