

# Olmsted Falls Bulldog Football - 2018 Summer Camp

**Date:** Monday June 25<sup>th</sup> – Wednesday June 27<sup>th</sup>

**Time:** 8:00 A.M. – 10:00 A.M. (Grades 3<sup>rd</sup> – 6<sup>th</sup> of 2018-19 school year)  
10:30 A.M. – 12:30 P.M. (Grades 7<sup>th</sup> – 9<sup>th</sup> of 2018-19 school year)

**Place:** Olmsted Falls Middle School football field.

**Cost:** \$55 per camper. This will include a T-shirt and camp instruction.



**Camp Mission:** Our mission is to provide each camper with introductory skills and techniques that will give them a strong base of football knowledge. The knowledge gained through our camp will provide each camper with the skill set necessary to be successful at any level of football. Fundamentals, teamwork, and a positive attitude will be stressed.

**Camp Structure:** Camp instruction will be provided by the **Olmsted Falls Football Coaching Staff** & current **OFHS Varsity** players. The camp will be structured to allow for the development of: individual Offensive/Defensive/Special Teams skills, Offensive & Defensive concept development, team building, and competition.

**Each Athlete Will Need:** Cleats, Shorts & T-shirt.

**Registration:** Online @ [www.olmstedcc.com](http://www.olmstedcc.com).

**Questions** or to register in person/mail, please contact the **Olmsted Community Center at 8170 Mapleway Drive, Olmsted Falls, OH 44138** ~ By Phone (440) 427-1599 or Email [office@olmstedcc.com](mailto:office@olmstedcc.com).

**Registration Deadline** to guarantee a space and a t-shirt is **June 15<sup>th</sup>, 2018**.

Late registration will be accepted but a T-shirt will not be guaranteed.

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Register ONLINE at [www.olmstedcc.com](http://www.olmstedcc.com) or make checks payable to: *Olmsted Community Center* and mail or deliver to: Olmsted Community Center, 8170 Mapleway Drive, Olmsted Falls, OH 44138

Name: \_\_\_\_\_ Grade (2018/19 school year) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Medical Condition/Allergies? \_\_\_\_\_

Shirt size:      YM              YL              AS              AM              AL              XL              XXL

I verify that my child has been checked by a physician and is physically able to participate in all football activities. I also verify that my child is covered by health and medical insurance. I further understand that the sport of football has inherent risks of injury, and release Olmsted Falls High School, including staff coaches, student volunteers, and all school employees, from any liability or damages that may occur from participating in the Olmsted Falls Football Summer Camp. I give permission to those conducting the camp to take any measures deemed necessary in case of an emergency.

Parent Signature: \_\_\_\_\_ Cell Phone: \_\_\_\_\_