

Olmsted Falls Bulldog Football - 2019 Summer Camp

Date: Monday June 17th – Wednesday June 19th

Time: 8:00 A.M. – 10:00 A.M. (Grades 3rd – 6th of 2019-2020 school year)
10:30 A.M. – 12:30 P.M. (Grades 7th – 9th of 2019-2020 school year)

Place: Olmsted Falls High School football field.

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

**After June 1st t-shirt size NOT guaranteed.



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.

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 ~

Registration Deadline to guarantee a space and a t-shirt is **June 1st, 2019**.

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

Register ONLINE at 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 (2019/20 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: _____