

2017 HILLIARD DARBY FOOTBALL CAMP



DATES: **MAY 31ST - JUNE 2ND**
GRADES: **2ND- 9TH**
TIME: **9AM-12:00PM**
COST: **\$65**

2nd-6th Graders

Your 3-Day Camp will include the following:

- Skill Development
- Competitions
- Games
- Dynamic FB Relays
- FB Obstacle Course
- Panther Ball
- T-shirt & Lunch on last day.

7th, 8th, 9th Graders

Your 3-Day Camp will include the following:

Day 1

- Program Day/Competitions

Day 2 & 3

- Darby's Offense and Defense.
- T-shirt & Lunch on last day.

DETAILS:

- Campers dropped off by 9:00 a.m. at Darby's stadium.
- Campers picked up by 12:00 p.m. at Darby's stadium.
- Bring cleats & tennis shoes.
- If it rains, we will utilize gyms at both Darby and Heritage.
- Bring water.

******Cut and Mail the Portion Below******

OCC CHAMPS

2007, 2012, 2014

STATE PLAYOFFS

**2007, 2010, 2012, 2013, 2014,
2015**

Please make check payable to:

**HILLIARD DARBY FOOTBALL
\$65**

Mail To:

**Hilliard Darby H.S.
Attn: John Santagata
4200 Leppert Road
Hilliard, Ohio 43026**

E-Mail questions to John Santagata at:

John_Santagata@hboe.org

Camper's Name: _____ **Grade Next School Year:** _____

Phone #: _____

Circle T-Shirt Size: **YOUTH S - YOUTH M - ADULT S - ADULT M - ADULT L - ADULT XL**

I certify that my son has no injury that would limit his participation in camp. I hereby release, exonerate, and discharge the camp and their staff from any and all actions or causes of actions, known or unknown, from injuries incurred in camp.

I, the below-signed parent/guardian, do hereby delegate to the Hilliard Darby Football Camp, its staff, and employees, the authority to seek, obtain, and approve any medical care and treatment for the below named camper, which in their judgment is necessary for the health and well-being of said camper during his attendance at the Hilliard Darby football camp.

Further, I agree to hold the Hilliard Darby Football Camp, its staff, and employees, harmless for any liability arising out of any good-faith actions taken in seeking and obtaining medical care and treatment for the below-named camper. All costs, incurred are the responsibility of the parent/guardian

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____