

Bishop Hartley Football Camp
1285 Zettler Rd.
Columbus, Ohio 43227

Please place
Stamp
here

Bishop Hartley Football Camp

HARTLEY
FOOTBALL



ONLY \$65!

2017
Tuesday, July 18th–Thursday, July 20th
9AM–Noon



@hartleyfootball



CAMP COSTS

Youth Camp \$65

Cost assistance is available in needed.

Please call Brad Burchfield 614-886-2808

REGISTRATION

The registration deadline is July 15, 2017. After the deadline please contact Brad Burchfield at 614-886-2808 or Kevin Smith at (614) 563-6761 for availability. Campers must pay in full at the time of registration on July 18. To register by mail, complete the camp application and mail to Bishop Hartley High School.

DATES/TIMES

Youth Camp

Tuesday, July 18–Thursday, July 20, 2017

9:00am - 12:00am

****Registration begins @ 8:00am on Tuesday 7/18

FACILITY

The Football Camp will be held at Jack Ryan Field on the campus of Bishop Hartley High School

ELIGIBILITY

The Youth Camp is open to any athlete entering the 2nd thru 8th grades. This camp is suitable for athletes of all abilities with an emphasis on FUN!

CAMP CONTENT/GOALS

The Youth Camp is designed to introduce the young athlete football training techniques and skills. Campers will learn techniques to improve their knowledge and skills in the greatest Team game of football. **The goal of the camp is to help prepare student-athletes to be CHAMPIONS in all walks of life!**

REFUND POLICY

A full refund, minus a \$15 cancellation fee, will be issued for cancellation prior to camp.

No refunds will be given once the camp begins regardless of the reason.

FOR MORE INFORMATION

Contact Kevin Smith at 614-563-6761 or Brad Burchfield at 614-886-2808

FOLLOW THE HAWKS @hartleyfootball

CAMPER'S NAME _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

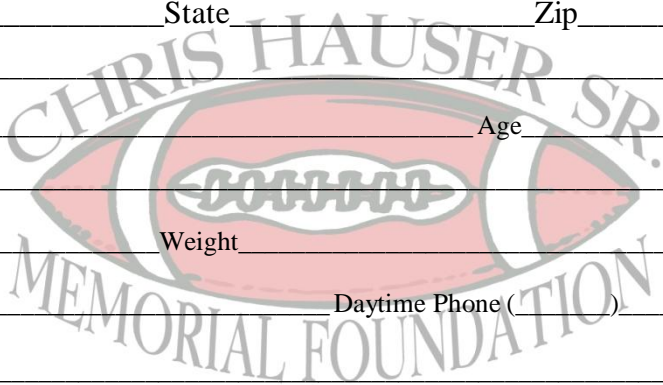
Grade (entering) _____ Age _____

School _____

Height _____ Weight _____

Contact Person _____ Daytime Phone (____) _____

Address _____



The 3 day camp will run **Tues July 18th -Thurs July 20th 2017 9AM-Noon**

Please make checks payable to: **Bishop Hartley Football Camp**

Adult T-Shirt Size (check One)

_____ Small _____ Medium _____ Large _____ X-Large _____ XXL

EMERGENCY MEDICAL FORM

The purpose of this form is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under our authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN _____

Mother's Name _____

Daytime Phone (____) _____

Father's Name _____

Daytime Phone (____) _____

Name of Relative or Childcare Provider _____

Relationship _____

Daytime Phone (____) _____

Address _____

I hereby give consent for the following medical care providers and local hospital to be called:

DOCTOR _____ PHONE (____) _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent of (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including **allergies, medications being taken, and any physical impairments to which a physician should be alerted**, I have listed below.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____