

BOBCAT

YOUTH FOOTBALL FUNDAMENTAL CAMP

JULY 12TH – 15TH

2ND-8TH GRADERS
(2010-2011 SCHOOL YEAR)

9:00 AM—12:00PM

BE A PART OF THE TRADITION!

WHEN: JULY 12TH – 15TH, 2010
9:00 AM—12:00 PM

WHERE: ANDERSON FIELD AT MEMORIAL STADIUM

WHO: 2ND—8TH GRADERS
(2010-2011 YEAR) INTERESTED IN
LEARNING THE GAME OF FOOTBALL

COST: \$65.00 PER CAMPER



BENEFITS:

- DESIGNED TO INSTRUCT IN BASIC SKILLS, FOCUSING ON THE FUNDAMENTALS OF ALL POSITIONS.
- LEARN THE MOST EFFECTIVE OFFENSIVE AND DEFENSIVE TECHNIQUES.
- PARTICIPATE IN FUN CARDIOVASCULAR EXERCISES, PLYOMETRICS (JUMP TRAINING TECHNIQUES) AND FUN FOOTBALL DRILLS!
- EACH PARTICIPANT WILL RECEIVE A CAMP T-SHIRT & A CAMP FOOTBALL
- OPPORTUNITY TO EARN EXTRA AWARDS!!!!!!
- POTENTIAL ALL-STAR GUEST SPEAKERS
- MEET AND LEARN FROM THE BOBCAT STAFF AND MANY BOBCAT PLAYERS!
- HAVE *FUN* WITH *FOOTBALL!!!*

The Coaching Staff

HEAD COACH

- JASON PETERS

ASSISTANT COACHES

- MIKE CASE
- NIC WORKMAN
- JOHN CHENEY
- BOB MAUPIN
- BJ QUEEN
- & OTHER GUEST COACHES



SPONSORED BY
**GRANDVIEW HEIGHTS
TOUCHDOWN CLUB**

MAKE CHECKS PAYABLE TO: PLEASE RETURN BY JULY 3RD

GRANDVIEW HEIGHTS TD CLUB
C/O COACH JASON PETERS
1587 WEST THIRD AVE.
COLUMBUS, OH 431212

QUESTIONS, PLEASE CONTACT COACH PETERS
PHONE: 614-481-3620
E-MAIL: JPETERS@GRANDVIEWSCHOOLS.ORG

**REGISTRATION
FORM ON THE
BACK**



REGISTRATION FORM

CAMPER NAME:

LAST: _____ FIRST: _____ CALLED: _____

PARENT/GUARDIAN INFORMATION:

MOM: _____ DAY TIME PHONE: _____

EMAIL: _____ CELL PHONE: _____

DAD: _____ DAY TIME PHONE: _____

EMAIL: _____ CELL PHONE: _____

OTHER: _____ DAY TIME PHONE: _____

EMAIL: _____ CELL PHONE: _____

HOME PHONE: _____

T-SHIRT SIZE

YOUTH SIZES: SM MED LRG

ADULT SIZES: SM MED LRG XL XXL

2009-2010 GRADE: _____

RELEASE FORM

I certify that my son is in excellent health & may voluntarily participate in strenuous activities, cardiovascular exercises, plyometrics (jump training) associated with Football and Football drills at the Bobcat Football Camp. I certify that there are no physical limits to her participation except as stated below, and for which I have listed all pertinent information. I hereby release and discharge Grandview Heights City Schools, and all Camp instructors of any injuries or illnesses which may result because of participation in this camp. By signing this form, you, on behalf of yourself and your son or any other persons for whom you are legal guardian, confirm: (1) That you understand the statements contained on this form; and (2) That you release any coach, and the Grandview Heights City Schools from any claims, liability, injury, or damages occurring during this camp.

PARENT OR GUARDIAN (SIGNATURE):

DATE: ____ / ____ / 2010

EMERGENCY PHONE: _____

LIST MEDICAL INFORMATION BELOW: