

# Oriole Football Camp 2019



*This is the official team camp for all athletes playing football at Augusta in the fall of 2019 - Grades 9-12*

Player Name \_\_\_\_\_

**Who: Augusta football players from grades 9 through 12**

**What: Football drills ranging from individual work to full team scrimmages**

**When: Monday, July 15 - Friday, July 19 @ 7:30 am (and Tue/Wed/Thu evening @ 7:00 pm)**

**Where: Hillier Stadium**

**Cost: \$120 (includes all summer football camps/activities we may attend)**

Make checks payable to Jason Filbeck

If you played a sport last year for AMS/AHS that physical form will work for camp; but you'll need a new physical for the 2018-19 school year (dated May 1, 2019, or later). Otherwise, you must provide a current physical form prior to participating.

Return this registration form and payment to Tricia Brown at AHS (2020 Ohio St.), OR to Coach Filbeck.

Refer any questions to Coach Filbeck at [jfilbeck@usd402.com](mailto:jfilbeck@usd402.com)

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Name \_\_\_\_\_ Grade entering \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone # \_\_\_\_\_ Alt. Phone \_\_\_\_\_

I have enclosed my payment of \$120 to reserve my spot for the Oriole Football Summer program and camp T-shirt.

I, \_\_\_\_\_ will commit to my improvement as an athlete. I understand that this is a rigorous program and I willingly accept the challenge and personal responsibility to make myself and my team better. It is my intent to play football for Augusta in the fall. I will not take skills and knowledge gained from the Oriole Football Camp to another competing High School.

Student Signature Required      x \_\_\_\_\_

Permission is granted for participation in the Oriole Football Camps. I understand that the program is athletic in nature and declare that my child is physically able to participate. I authorize the coaches to act accordingly to their best judgement in any emergency requiring medical attention recognizing that the district does not provide accident insurance that will pay medical expenses. Furthermore, I release USD 402 and its employees from all claims resulting from any injury my child may sustain while attending.

Parent/Guardian Signature Required      x \_\_\_\_\_