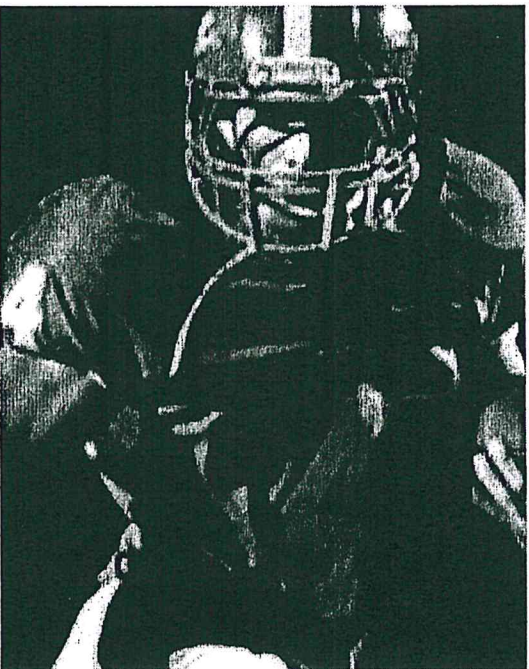


From: Chiefs Football Camp  
19 Kimberly Drive  
Marlton, NJ 08053

# 2018 CHIEFS FOOTBALL CAMP

FOR BOYS  
GRADES 9 - 12



AUGUST 6 - 8  
9 AM—3 PM  
CHEROKEE HIGH  
SCHOOL  
MARLTON, NJ

## CHIEFS FOOTBALL CAMP PRE-SEASON APPLICATION FORM

Please enroll \_\_\_\_\_ last name \_\_\_\_\_ first name \_\_\_\_\_ Phone # (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

Home Address \_\_\_\_\_ street and number \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ MY SON HAS AGREED TO OBEY ALL THE RULES OF THE CAMP.

Please return completed application and the full \$150 dollars before August 1st. Your cancelled check is your receipt. For additional camp info, please contact Brian Glatz at (856) 912-8368. Make checks payable to. Brian Glatz, 19 Kimberly Drive, Marlton, NJ 08053

# CAMP INFORMATION

**Location:** Cherokee High School

**Cost:** \$150- Due August 1st. A family discount, \$25 per person, is available when siblings are pre-registered. Players will report at 9:00 a.m. on August 6th on the Cherokee Football Varsity Field. Camp will be held rain or shine.

\*Cash or money order is preferred.\*

**Ages:** Campers will be boys between grades 9-12. High school graduates are not eligible.

**Insurance:** Insurance is included in the camp fee. It covers expenses beyond the family's own insurance. A Certified Athletic Trainer will be on sight at all times.

**Equipment Required:** Each camper must bring his own lunch. We will provide juice. Campers should have shorts, a T-shirt, socks, cleats and sneakers for incimate weather.

## Techniques Being Taught (Non—Contact)

### OFFENSE

Passing  
Running  
Catching  
Blocking

### DEFENSE

Tackling  
Coverage  
Reads  
Block Escapes



## Personal Data Form

(Please print with ink only)

Name \_\_\_\_\_

Age \_\_\_\_ Height \_\_\_\_

Weight \_\_\_\_ Grade \_\_\_\_

School \_\_\_\_\_

## Medical Treatment Authorization

I, being the legal guardian of the above named applicant, authorize the Chiefs Football Camp and it's agents permission to request medical treatment as necessary to insure the well being of my dependent.

\_\_\_\_\_  
(Guardian's Signature)

\_\_\_\_\_  
(Date)

**Please list any allergies or special medical consideration here.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_