

## Program Information

The Trenton Football Coaching Staff and Fall 2016 Trenton Football Team would like to present to your current or future football player the opportunity to attend the **Trenton Trojan Youth Football Camp**. No prior experience is necessary.

The camp will be held at the Trenton High School practice football field during the following dates and times:

**Tuesday, June 21 2016**

**Wednesday, June 22, 2016**

**Thursday, June 23, 2016**

**8:00 a.m. - 11:00 a.m. each day**

Campers between the grades of 1st -8th in the fall of 2016 are eligible to attend camp. Students entering 9th grade in the fall of 2016 are not eligible.

\*Late registration will be accepted for \$55.



## The \$50 Camp Fee includes:

- Individual technique instruction by coaches of the Varsity, Junior Varsity, Freshman and Middle School football teams as well as the Varsity football players.
- Offensive and defensive position techniques
  - Small group instruction
- Emphasis on fundamentals of the game
  - Punt, Pass and Kick Competition
  - Air Force football games
  - Perfect play competition
- Camp T-Shirt

\* This is a non-contact camp, helmets are not required.

\* Recommended equipment for each camper: cleats, shorts, t-shirt and mouth guard. Unlimited water will be available.



## Registration Form

\_\_\_\_\_  
Player's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
School - Fall 2016

\_\_\_\_\_  
Grade - Fall 2016

\*\*\*Students entering 9th grade are not eligible \*\*\*

### PLEASE CIRCLE T-SHIRT SIZE

YOUTH	10-12	14-16
ADULT	SML	MED
	LRG	

**MEDICAL TREATMENT & LIABILITY RELEASE**

I the undersigned parent/guardian, do hereby grant permission for my son \_\_\_\_\_

to participate in football workouts conducted by Trenton High School by the Trenton football players and coaches. In order that my son may receive the necessary medical treatment in the even of illness or injury, I hereby hold the Trenton football players and coaches harmless in the exercise of this authority.

I further acknowledge, understand and agree that in taking part in this activity, there is a possibility of physical illness or injury and that my son is assuming the risk of such participation. I further agree to hold

Trenton High School, their associates, staff, administration, coaches and players harmless for any illness or injury by my son during football workouts.

In case of an emergency, I hereby give permission to transport my son to the nearest hospital for emergency treatment. I recognize that as a result of participation, medical treatment on an emergency basis may be necessary and further that personnel may be unable to contact me for my consent for emergency medical care, including hospital care, as may be deemed necessary under existing circumstances. I understand that I will be contacted as soon as possible and will be advised to any treatment by the hospital doctor.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone



Please mail the completed registration form and medical treatment & liability release with a **check or money order** made payable to:

**Trenton Football**  
2500 Cambridge  
Trenton, MI 48183

To ensure camp t-shirt, please send payment by Monday, June 13, 2016

\*walk up registration will be accepted for \$55

If you have any questions please call Coach Segedi at (734) 552-4654

# Trenton Trojan Youth Football Camp



June 21, 22, 23, 2016  
8:00 a.m. - 11:00 a.m.  
Trenton High School

Visit this website to download this application -  
**Www.trentonfootball.net**