



Trenton Trojan Youth Football Camp

June 27, 28, 29 8:00 am - 11:00 am

The camp will be held at the Trenton High School practice football field. Campers between the grades of 1st -8th this fall of 2017 are eligible to attend camp. No prior experience necessary!

Walk Up registration will be accepted for \$70.

To download this flyer visit:
www.trentonfootball.net

Questions? Call Coach Segedi at 734-552-4654

Fill out the bottom portion of this flyer with **\$50** payment to Trenton Public Schools and send to
Coach Segedi
4588 Dolores Dr. Trenton
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The \$50 Camp Fee includes:

- Individual technique instruction by coaches/players of the Varsity football team
 - 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.

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.

Parent/Guardian Signature

Date

Cell Phone

Player's Name

Address

City, State, Zip

E-Mail

Grade - Fall 2017

