

# The Way Football Camp

June 24 - 27, 2019

9:30 am - 3 pm

The Chillicothe Baptist Church

14000 State Route 104

PO Box 484

Chillicothe, Ohio 45601

Youth football camp for prospective football players entering 4<sup>th</sup> - 9<sup>th</sup> grade

### What to bring:

Good attitude and a willingness to learn. Completed medical form including signature from Parent/Guardian

### What to wear:

Shorts, tee shirt, athletic shoes (cleats are fine)

### Costs:

Lunch is provided at no charge  
Drinks are provided at no charge  
Tuition is no charge

Deadline: 6/16/2019

**SIGN UP NOW !!!**

**SPACE IS LIMITED!!!**

# Camp Itinerary

- **Monday**
  - Check in 9:30 am
  - Class
  - Stretching
  - The Athletic Stance
  - Lunch
  - Tackling Fundamentals
  - Class
  - Dismiss 3 pm
- **Tuesday**
  - Check in 9:30 am
  - Class
  - Stretching
  - Center to QB
  - Lunch
  - Class
  - QB to RB
  - Passing Fundamentals
  - Dismiss 3 pm
- **Wednesday**
  - Check in 9:30 am
  - Class
  - Stretching
  - Catching Fundamentals
  - Lunch
  - Class
  - Pass Coverage Fundamentals
- **Thursday**
  - Check in 9:30 am
  - Class
  - Stretching
  - Blocking
  - Lunch
  - Line Play Fundamentals
  - Class
  - Dismiss 3 pm



## PARTICIPANT CONTACT INFO:

Last Name \_\_\_\_\_, First Name \_\_\_\_\_ Gender \_\_\_ Grade \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

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

Parents Email \_\_\_\_\_

Church \_\_\_\_\_

(If you regularly attend church, which one?)

### PARENT/GUARDIAN INFORMATION

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

For a larger print version of these terms and conditions please Visit our churches web site: [www.chillicothebaptist.org](http://www.chillicothebaptist.org)

PLEASE READ CAREFULLY AND SIGN BELOW TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY. Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

#### AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in The Way Football Camp athletic program of Chillicothe Baptist Church. My child will participate in the church sponsored football camp The Way Football Camp denoted on this brochure. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, all staff and volunteers participating with children have had proper screening and back ground checks done. I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me, and my family, I assume these risks.

In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other game and event workers, officials, drivers, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

#### MEDICAL CONDITIONS

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities.

I understand that the Church or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the Church determines that my child does have a physical or mental condition that may affect his/her ability to safely and appropriately participate in Program activities, the Church may determine that my child cannot be permitted to participate. I understand and agree that, while the Church desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

#### CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. Each responsible parent/guardian should sign.

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

If only one parent/guardian signs this form, the following must also be signed: I affirm that this form was signed by only one parent/guardian because (1) I am the sole parent/guardian responsible for the care and custody of the child due to death or incapacity of the other parent/guardian or court order, or (2) I have made a good faith effort to obtain the signature from the other parent/guardian but have not been able to do so due to causes beyond my control, and I am not aware of any reason that the other parent/guardian objects to the child's participation in the Program.

Signature: \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_



## Tuesday Special Guest Coach Roy Hall

Again, this year's camp will feature Ohio State alumnus Roy Hall as a special guest coach. Hall was a first-team all-Ohio honoree in high school football and basketball, then got the opportunity to play in two national championship games with the Buckeyes, including the one against Miami in which Ohio State claimed a national championship. Hall maintained a 3.2 grade point average, obtained a degree from Ohio State's Fisher College of Business and was a five-time Ohio State Scholar-Athlete Award winner.

In 2008, he founded the DRIVEN Foundation with a goal of empowering underserved communities to recognize their full potential through programming, community events and outreach focused on strengthening families. Since 2009, the foundation has donated more than 280,000 pounds of free food to impoverished neighborhoods throughout Central Ohio. The organization also provides mentoring programs, after-school fitness programs and motivational speaking engagements.



**June 24 - 27, 2019**

### How Do I Sign Up?

Bring or Mail Registration Form To:

**CHILLICOTHE BAPTIST CHURCH  
14000 STATE ROUTE 104 • PO Box 484  
CHILLICOTHE OH 45601**

Form and registration may be  
dropped off at the Church Office  
anytime between  
9:30 a.m. and 4:00 p.m.  
Monday through Thursday

**FOR MORE INFORMATION:  
Call Brian Petzel,  
Camp Director,  
The Way Football Camp 2019  
(740) 701-2620**

 *Chillicothe  
Baptist Church*

14000 State Route 104 • P O Box 484 • Chillicothe OH 45601  
[www.chillicothebaptist.org](http://www.chillicothebaptist.org)



**June 24 - 27, 2019**

Youth football camp for  
prospective football players  
entering 4th - 9th grade



Learn to block, tackle, pass,  
and play football the Right Way



Learn  
The Way



**Special  
Guest Coach  
on Tuesday,  
June 25  
Roy Hall**

 *Chillicothe  
Baptist Church*