

Bethel-Tate Football
Youth Camp



When: Tue May 30, Wed May 31, Thu June 1

Grade (2017-18 school yr): **(K-4)** 5:00pm-6:30pm
(5-8) 6:30pm-8:00pm

What: Non-Contact football camp emphasizing in fundamental techniques & drills of every aspect of the game

Where: Bethel-Tate Middle School Football Stadium. In the case of rain we will use the BTMS Gym

Cost: \$40 **pre-register** (camp t-shirt for all pre-reg) \$50 **walk-up** (walk-ups cannot be guaranteed a t-shirt)
Cash or Check: Make checks payable to **Bethel-Tate Local School District**
Pre-Registration period ends May 19th

Staff: Bethel-Tate High School coaches, as well as Jr. High coaches and current high school players.

What to wear/bring: Athletic wear. Dress for the weather. Wear cleats or tennis shoes. Be sure to bring tennis shoes in case we have to go into the gym. Bring personal water jug (plenty of water will be on hand for those who do not bring one.)

How to register: Complete the form below, and mail it to Coach Essig at Bethel-Tate H.S. 3420 State Route 125 Bethel OH. 45106 **OR** drop it off at any of the school's main offices and can be collected there. Questions please email Coach Essig: **essig_J@betheltate.org** or call **(513) 734-2271 ext. 7140**

Name: _____ Shirt Size (circle one) **Youth S M L**
Adult S M L XL

Parent/Guardian (please PRINT) _____

Address _____

Phone _____

City _____ Parent Cell _____

Participant's Grade Level (FALL of 2017) _____

I hereby give my permission for my child, _____ to participate in the 2017 Bethel-Tate Football Youth Camp to be held at BTMS. Although this is a non-contact camp, injuries are possible. I (we) will not hold Bethel-Tate Local Schools, district employees, coaches or staff liable for any injuries that may occur. **Children who are not registered for the camp may not be on site without their parent present.**

Signed _____ (parent/guardian)

Participant's name (please PRINT) _____