

2017 Jackson Youth Football Camp

Federal League Champs: 1965, 1986, 1989, 1990, 1996, 1998, 2001

Time: Monday June 5th through Thursday June 8th; 10 am to Noon

Place: Robert Fife Stadium (On the **TURF**)

Who: Any Boy or Girl **Kindergarten – 7th grade** (in the fall of 2017)

Cost: \$50 pre-registration = DUE June 1st
\$60 if you register at the camp

- Each child will receive a T- Shirt (pre-registered campers are guaranteed a T-shirt)
- Instruction will be provided by varsity coaching staff and players
- Players will be taught fundamentals and participate in competitions
- All participants will be divided by age groups in order to receive the best instruction possible
- In case of inclement weather, camp will continue as scheduled in the Purple and Gold gyms of JMMS

Our employees are FBI background checked

Flyers paid for by Jackson Mama Bears

Registration Form

Student Name _____

Grade in Fall 2017-2018 School Year _____

Address _____

City Zip _____

Please circle a shirt size. *Note T-shirts are pre-ordered based off this registration

(Youth) S M L

or

(Adult) S M L XL

What to Bring

- 1.) Willingness to Work
- 2.) Positive Winning Attitude
- 3.) Football Cleats and Proper Clothing (shorts & T-shirts, tennis shoes are acceptable)
- 4.) Sun screen and water bottle (no drinks other than water permitted on turf)
- 5.) Camp order form unless you have already pre-registered

* **Please make checks payable to Jackson Mama Bears**

Mail To:
Larry Baker
c/o Jackson Football
7355 Mudbrook St. NW
Massillon, Ohio 44646

Questions:

E-mail: llb2jc@bearworks.jackson.sparcc.org

Phone Numbers: Coach Baker's Cell: (330) 327-0906

Please fill out the following information . If this information is not complete, your child will not be permitted to participate.

Emergency Medical Information

Emergency contact _____
Relationship to camper _____
Phone # _____

Dentist: _____
Physician: _____
Hospital: _____

This is to certify that my child (please circle) **Has** or **Does not have**

full medical insurance coverage through a family protection policy and I will assume responsibility for medical expenses that might occur during this JHS athletic event

Parent Signature: _____

Date: _____