| 2021 MEMORIAL FOOTBALL CAMP | | | | |
|---|--|--|--|--|
| | OCC Champs 2016 2017 2018 | | <u>State Playoffs</u> 2016 2017 2018 2020 | |
| INSTALLATION CAMP (JULY 12-14) | | | | |
| Coach LoParo and The Bradley & Memorial Football Staffs would like to invite all incoming Memorial 7 th & 8 th graders to our installation camp that will run in conjunction with our youth camp. The camp will allow our HS & MS coaches to teach and install plays and systems for the 2021 season. This is a great opportunity for our players to be exposed to our systems and coaching styles. The camp will also feature a weight room introduction, competitions, a T-shirt & Shorts (Spirit Pack) and awards. | | | | |
| INFORMATION | | | | |
| WHO?Memorial Players Entering 7th & 8th GradeWHAT?3-Day Football Installation Camp | | | | |
| WHEN? July 12th, 13th & 14th (6:00pm-9:00pm) | | | | |
| WHERE? Hilliard Memorial Middle School Stadium | | | | |
| $\begin{array}{c} \text{COST:} \qquad \$40.00 \\ \text{CONTA CT} \text{D} \\ \end{array}$ | | | | |
| CONTACT : Please Direct Any Questions To: Mike LePare michael lepare@hboa.org Head Coach | | | | |
| Mike LoParo, <u>michael_loparo@hboe.org</u> , Head Coach Dave Fabb, <u>david_fabb@hboe.org</u> , Memorial Head Coach | | | | |
| REGISTRATION | | | | |
| Mail Completed Registration Form/ Waiver and Payment To: | | | | |
| Hilliard Bradley Football Boosters, 2800 Walker Rd. Hilliard, Ohio 43026 | | | | |
| Walk up registration accepted (5:30-6:00 p.m. each day) at the Stadium Gates | | | | |
| <u>CAMP NECESSITIES</u> Cleats, Helmet, Practice Jersey, Mouth Piece, Shorts & a Large Water Bottle | | | | |
| Cleats, fielinet, fractice jersey, Moduli freee, shorts & a Large water botte | | | | |
| (Detach) | | | | |
| REGISTRATION | | | | |
| My child has my per requires medical care, I a including, but not limited football camp. I specifica incur during & after parti | NCE RELEASE STATEMEN mission to attend the Hilliard l uthorize the staff of the camp to to, hospitalization and will be illy waive & release the camp so cipation in the camp. I author | Memorial Football Camp. to obtain the necessary trea e responsible for any medic staff and Hilliard City Scho ize the camp to use any ph | atment. I specifically consent cal charges in connection with ools from liability of any injur otos or newspaper articles abo | to such treatment attendance of the ry that my child may but my child for |
| publicity purposes. The Hilliard Memorial Football Camp is neither sponsored nor endorsed by the Hilliard City School district. Player's Name: Parent/Guardian: | | | | |
| Grade Entering: | | | ircle): YM YL S M L | XL XXL |
| Cell Phone #: | | Email: | | |
| Emergency #: | | Parent/Guard | lian Signature: | |
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