



Freshmen Football Padded Summer Camp

Monday, July 14th –11:00 a.m.-1:30 p.m.

(Team meeting and Equipment pick up)

Monday, July 21st –Friday, July 25th

Monday, July 28th- Friday, August 1st

7:00 a.m. to 10:00 a.m.

Cost: \$75 – includes ACHS football t-shirt

Who may attend: 8th grade Students who will attend Antioch Community High School.

Equipment needed: Football practice gear, Football spikes, towel, sandals.

Other information: Locker rooms and showers will be available. Locker rooms open at 6:00 a.m.

Camp Directors: Brian Glashagel, Varsity Head Football Coach-

bglashagel@sequoits.com

Jeff Petersen, Freshmen Head Football Coach-

jpetersen@sequoits.com

Start of regular season double session practices:

Wed., August 13th- Sat., August 16th.

8:30 a.m.- 11:00 a.m. Session 1

11:00 a.m.- 1:00 p.m. Break/Lunch

1:00 p.m.- 3:30 p.m. Session 2

Don't miss the opportunity to become a part of a great football program! We want you to be a part of Antioch Community High School football history!

Freshmen Football Camp APPLICATION FORM AND WAIVER (mail in with check)

Name _____ Address _____

City _____ Phone _____ Grade School Attended _____

Make checks payable to: **ANTIOCH SUMMER FOOTBALL CAMP (\$75)**

Mail to:

Brian Glashagel-Head Football Coach

Antioch Community High School

1133 S. Main St., Antioch, IL 60002

Please note: The cost of camp remains the same, whether a student attends all of the program sessions, or just a portion of Camp. In consideration of your acceptance of my application, I am intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release the Antioch Summer Football Camp and members of it's staff from any and all claims or rights to damages for injuries or losses suffered while attending Antioch Summer Football Camp at Antioch Community High School. In case of injury or illness, necessary treatment is authorized by the undersigned. Applicant is covered by:

_____ Insurance Company, Policy Number _____

Parent or Legal Guardian _____ Date _____
(Signed)

Parent/Emergency Phone Number _____

Office Use Only: Check Number _____ Amount _____ Date Rec'd _____