



**VARSITY/SOPHOMORE PADDED FOOTBALL  
SUMMER CAMP**

**Monday, July 13<sup>th</sup>**, Team Meeting/Equipment Pick-up 12:00 p.m.- 3:00 p.m.

**Wednesday, July 15<sup>th</sup> - Friday, July 17<sup>th</sup>**

**Monday, July 20<sup>th</sup> - Friday, July 24<sup>th</sup>**

**Monday, July 27<sup>th</sup> - Friday, July 31<sup>st</sup>**

12:00 p.m.-3:30 p.m.

**Cost: \$125** (includes ACHS football T-shirt)

**Who may attend:** Students who reside in the Antioch High School District.

**Equipment needed:** Football practice gear (pads,spikes,towel,sandals.)

**Other information:** Locker rooms/showers available.

**Camp Director:** Head Coach Brian Glashagel, Antioch High School-

[BGlashagel@sequoits.com](mailto:BGlashagel@sequoits.com)

**Winning is the result of doing the little things right! It is the result of hard work and an intense burning desire to not stop short of your goal! Winning takes a season, off-season, summer and pre-season dedication to accept nothing less than your best. Winning is a commitment of excellence to be the best you can be at all times!**

Varsity/Soph 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 (\$125)**

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 No. \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

(Signed)

Date \_\_\_\_\_ Parent/Guardian Emergency Phone#: \_\_\_\_\_

Office Use Only: Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_