



# Freshmen Football Padded Summer Camp

Tuesday, July 14<sup>th</sup>, 12:00 p.m.- 3:00 p.m.

(Team meeting and Equipment pick up)

Monday, July 20<sup>th</sup> –Friday, July 24<sup>th</sup>

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

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

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

**Who may attend:** 8<sup>th</sup> grade Students who will attend Antioch Community High School.

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

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

**Camp Directors:**

Jeff Petersen, Freshmen Head Football Coach- [jpetersen@sequoits.com](mailto:jpetersen@sequoits.com)

Brian Glashagel, Varsity Head Football Coach-[bglashagel@sequoits.com](mailto:bglashagel@sequoits.com)

**Start of regular season double session practices:** Wed., August 12<sup>th</sup>.

8:00 a.m.- 10:30 a.m. Session 1

10:30 a.m.- 12:30 p.m. Break/Lunch

12:30 p.m.- 2:30 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 \_\_\_\_\_

(Signed)

Date \_\_\_\_\_

Parent/Emergency Phone Number \_\_\_\_\_

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