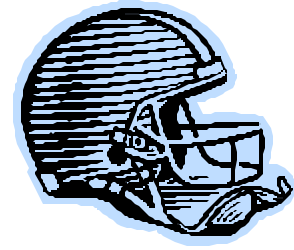


# CHURCHILL YOUTH FOOTBALL SKILLS CAMP



(Grades 3-8 entering in fall) 6p.m.-8p.m.

Introduction to competitive football through basic skill development/passing, tackling, blocking, offensive/defensive drills

WHERE: CHURCHILL HIGH SCHOOL WHEN: July 25, 26, 27

FEE: \$40 Checks made payable to: Churchill High School.

CHS Coaches: J. Filiatraut & Staff

[jfiliatr2@livoniapublicschools.org](mailto:jfiliatr2@livoniapublicschools.org) Cell 313-680-8915

*Registration should be sent or given to John Filiatraut.*

Churchill High School, 8900 Newburgh Rd, Livonia, 48150

1. Apparel: shorts, t-shirt, football shoes for outdoors -(tennis shoes for rainy weather)
2. No Refunds given 2 weeks prior to start of camp.

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## Churchill Football Skills Camp

*Registration should be sent or given to John Filiatraut.*

Churchill High School, 8900 Newburgh Rd, Livonia, 48150

Grade: \_\_\_\_\_ (entering fall) \$ 40

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: H \_\_\_\_\_ Parent Cell # \_\_\_\_\_ Work # \_\_\_\_\_



### REGISTRATION / LIABILITY

Return to: John Filiatraut, Churchill High School, 8900 Newburgh Rd, Livonia, 48150

No refunds given 2 weeks prior to start of camp

Checks made payable to: Churchill High School.

I hereby and herein authorize the Director of the Churchill Football Camp, or any staff working on camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my son or ward. I impose upon the assumptors of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my son or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the football camp. I also represent that my son or ward has received a physical within the last year and is medically competent to participate in the activities at the camp.

Signature of Parent or Guardian:

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