



2025 HIGHLAND YOUTH FOOTBALL CAMP

***HOSTED BY HEAD VARSITY FOOTBALL
COACH MIKE GIBBONS***



WHO: ANY STUDENT GOING INTO GRADES K-5 WHO WANTS TO LEARN THE FUNDAMENTALS OF FOOTBALL IN A SAFE MANNER.

WHEN: JULY 14th-16th from 9am to 11am

WHERE: NORTH GATEWAY TIRE FIELD, located at Highland High School, 4150 Ridge Road, Medina

COST: \$70 (INCLUDES CAMP GIFT)\$95 FOR TWO SIBLINGS / \$110 FOR 3 OR MORE

STAFF INCLUDES:

- MIKE GIBBONS: HIGHLAND HEAD VARSITY FOOTBALL COACH
- VARSITY ASSISTANT FOOTBALL COACHES
- HIGH SCHOOL FOOTBALL PLAYERS

CAMP WILL INCLUDE:

- ATHLETES WILL RECEIVE POSITION SPECIFIC DRILLS THAT WILL HELP THEM IMPROVE AS FOOTBALL PLAYERS
- ATHLETES WILL LEARN GROUP AND TEAM DRILLS THAT WILL HELP THEM IMPROVE AS FOOTBALL PLAYERS
- ATHLETES WILL HAVE FUN COMPETING IN OUR FAMOUS "OPEN FIELD" DRILL, "RAZZLE DAZZLE" AND PUNT/PASS AND KICK

COMPLETE REGISTRATION & PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: MIKE GIBBONS

MAIL THIS FORM AND PAYMENT TO: 2899 SUNBURST DRIVE. MEDINA, OH, 44256

CONTACT COACH GIBBONS WITH ANY QUESTIONS: MGIBBONS@HIGHLANDSCHOOLS.ORG



REGISTRATION AND EMERGENCY WAIVER FORM

NAME OF CHILDREN

- 1) _____ AGE _____
- 2) _____ AGE _____
- 3) _____ AGE _____

SCHOOL: _____

HOME PHONE _____

CELL PHONE _____

T-SHIRT SIZE: (CIRCLE SIZE)

YOUTH S M L OR ADULT S M L XL

I _____
(PRINT YOUR NAME)

AM THE LEGAL PARENT/LEGAL GUARDIAN OF

(PRINT CHILD'S NAME)

IN THE MIKE GIBBONS FOOTBALL CAMP. I AM AWARE THERE IS A RISK OF INJURY IN ANY SPORT OR RECREATIONAL ACTIVITY. THE MIKE GIBBONS FOOTBALL CAMP IS NOT SPONSORED BY THE HIGHLAND LOCAL SCHOOL DISTRICT. I WILL HOLD THE HIGHLAND LOCAL SCHOOLS AND ANYONE ASSOCIATED WITH THE MIKE GIBBONS FOOTBALL CAMP HARMLESS OF ANY AND ALL INJURIES INCURRED. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL MEDICAL TREATMENT RESULTING FROM CAMP INJURIES. BY SIGNING THIS FORM I ALSO ACKNOWLEDGE THAT MY SON OR DAUGHTER IS COVERED BY INSURANCE.

PARENT/GUARDIAN SIGNATURE

DATE

IN THE EVENT OF AN INJURY AND I CANNOT BE REACHED PLEASE CONTACT:

NAME: _____

PHONE: _____

CHILD'S PHYSICIAN: _____

PHONE: _____