

# West Carrollton Pirate Football

## **Wee Pirate Football Camp**

Get ready for your football season by participating in our annual Wee Pirate Football Camp. Campers will be working with the entire Pirate Football staff and varsity players. This is a great opportunity for campers, coaches, and varsity players to get to know each other. Campers will learn the basic fundamentals of football through individual position drills for every offensive and defensive position and have the opportunity to compete against each other.

- July 20, 21, 22 from 6 – 7:30 pm at WCHS football practice field.
- Wee Pirate football grades 1<sup>st</sup> – 6<sup>th</sup>
- Wear HELMETS, t-shirt, shorts, cleats, and bring gym shoes in case of rain.
- Cost is \$20 per participant due before participating in the camp (cash or checks payable to West Carrollton Athletic Boosters – please include campers name in memo)
- Parent/Guardian must fill out information form before participation
- Campers will receive a camp t-shirt
- Campers will have lots of fun competing against each other, learn basic skills and fundamentals, and become better prepared for the upcoming football season

If you have any questions or concerns, contact WCHS head football coach Rob Berger at 937-748-9235 or e-mail him at [rberger@wcsd.k12.oh.us](mailto:rberger@wcsd.k12.oh.us)

Fill out the information on the back of this page to participate in the camp.

Thanks,

Coach Berger

Go Pirates! Expect To Win!

## Camper Information and Emergency Medical Authorization

Name \_\_\_\_\_ Shirt YS YM YL AS AM AL AXL AXXL

2009-10 School Year: Grade \_\_\_\_\_ WC School Building \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name another person to contact in case of emergency

Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone \_\_\_\_\_

Health needs and information coaches need to know about my child, including allergies, medications, and any physical impairments.

\_\_\_\_\_  
\_\_\_\_\_

I give permission for emergency treatment of my child, if a parent/guardian cannot be reached. This permission does not cover major surgery, unless the medical opinions of two licensed physicians or dentists concur prior to the performance of such surgery.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Methods of payment and registration:

Turn in completed form and \$20 cash or check made payable to West Carrollton Athletic Boosters to Coach Berger at the Middle School.

OR

Mail this completed form and \$20 check made payable to West Carrollton Athletic Boosters to:  
(Do NOT mail after Wednesday, July 15 to ensure receiving before the beginning of camp.)

West Carrollton High School  
Rob Berger  
5833 Student St  
West Carrollton, OH 45449

OR - you may register the first day of camp – however, preregistering if preferred