

Dublin Jerome Celtics  
Youth Football Camp  
2011



**FOOTBALL**

July 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>

For students entering grades 2 - 8  
9:30 AM - 12:00 NOON

*Dear Campers and Parents,*

*Welcome to the Dublin Jerome youth football camp.*

*It's our hope that all campers will benefit from the three days of instruction in football. It's our goal to teach the fundamentals of football and to insure that all kids have fun and learn to enjoy physical activity in playing what we believe to be the greatest game ever created!*

*The Dublin Jerome varsity coaching staff will conduct the teaching and instructing of the camp participants. The coaching staff will be assisted by the Dublin Jerome varsity players.*

*Sincerely,*  
*Mark Hundley*  
Dublin Jerome HFC

Camp Includes:

Individual Position Coaching for all campers: Quarterbacks, Offensive Lineman, Receivers, Running Backs, Defensive Lineman, Linebackers, Defensive Backs, Specialists

Strength, Speed and Agility Training/Instruction

Punt, Pass & Kick Contest - Contest divided into 4 divisions - grade 2, grades 3 & 4, grades 5 & 6, grades 7 & 8

Each camp participant will have practice sessions during the week and awards given for winners of each division. Lead up games based on age.

\*If we get inclement weather, we will cancel that day and use Friday July 8 as make-up day.

Return on or before June 21st to drop off box at Dublin Jerome Athletic Office or

Mail to: Dublin Jerome Kickoff Club, 8300 Hyland Croy Rd. Dublin, OH 43016

**CAMP IS LIMITED TO THE FIRST 200 PARTICIPANTS**

**Important Note: Bring your own water bottle! We will take many water breaks if the weather is hot and humid. A water station will be provided to fill the water bottles.**

**Camper's Information: (Must be received two weeks prior to the start of camp to ensure a T-shirt is ordered)**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Contact Person \_\_\_\_\_

Relationship to camper \_\_\_\_\_ Emergency Contact Phone # \_\_\_\_\_

Circle One: I give... I do not give... permission to treat my son/daughter in an emergency.

(signed) \_\_\_\_\_

Parents names: (please print) Father \_\_\_\_\_ Mother \_\_\_\_\_

School Attending next year \_\_\_\_\_ grade next year \_\_\_\_\_

Cost: \$65.00 Make Check - payable to the Dublin Jerome Kickoff Club

Shirt size: Youth Large \_\_\_ / Adult Small \_\_\_ / Adult Medium \_\_\_ / Adult Large \_\_\_ / Adult XL \_\_\_ / Adult XXL