



# 2026 ST. PAUL FOOTBALL CAMP OF CHAMPIONS



JUNE 4<sup>th</sup> and 5<sup>th</sup> (Thurs/Fri)

Form Due: Friday, April 17<sup>th</sup>

9-11 a.m.

Location: Contractor's Stadium (Whitney Field)

For boys entering 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades

Cost \$30.00 (checks preferred)

(If there is an issue paying by April 17<sup>th</sup>, please contact Coach Doughty.)

Daily instruction provided by the Varsity, Jr. High, and Youth Staffs. Each athlete will receive individual instructions to the basic fundamentals of football such as ball handling, passing, blocking, receiving and all phases of defensive play. Each camper will receive a Youth Football Camp t-shirt and a football.

This application must be completed and returned with full payment to the Norwalk Catholic Elementary office, Attn. Chris Doughty or delivered to Coach Doughty after school at the weight room. Please make all checks payable to St. Paul High School. All applications must be received by **Friday, April 17, 2025**. If you have any questions, please contact Coach Doughty at 419-706-5367 or [cdoughty@ncsmail.org](mailto:cdoughty@ncsmail.org)

Camper's Name \_\_\_\_\_ Address \_\_\_\_\_ Campers Grade next fall \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_ T-Shirt size ( adult sizes ONLY)   S   M   L   XL   2X

**Consent to Treatment:**

In partial consideration of our child's acceptance into the St. Paul Youth Football Camp, I/we as parents and/or legal guardians of \_\_\_\_\_ do hereby agree to waive all liability of the St. Paul Football Camp and St. Paul High School employees and staff and the Diocese of Toledo for any accident, injury, (including death), illness, or other mishap which might befall the above-named camper while traveling to or from, or during his attendance at the St. Paul Football camp. Further, I/we hereby grant permission to the staff of St. Paul High School or any medical or surgical consultant deemed advisable, and any hospital to render to the above named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Parent or legal guardian's name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Phone (home) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Phone (emergency) \_\_\_\_\_ Email (Parent contact) \_\_\_\_\_

**Camper's Health Form:** Please circle any of the following conditions: asthma, bleeding disorders, convulsions/seizures, diabetes, head injuries/concussions, heart disease, rheumatic fever.

Allergies to drugs \_\_\_\_\_ Allergies to foods \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_ Current Medications \_\_\_\_\_

Chronic or Recurring Illnesses \_\_\_\_\_ Operations/Injuries \_\_\_\_\_ Physical Restrictions \_\_\_\_\_

Physician's Name/Telephone \_\_\_\_\_ Dentist's Name/ # \_\_\_\_\_ Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_