



Hubbard Youth Coalition has teamed up with our hometown pride the Hubbard Varsity Football Team and the Hubbard Little Eagles Athletics (HLEA) to present

2ND ANNUAL

FRIDAY NIGHT LIGHTS

Youth Football Skills Camp

Thursday and Friday, July 7 & 8, 2022

(Thursday 6p-9p and Friday 6p-10p)

HUBBARD MEMORIAL STADIUM

200 Rebecca Ave. SE • Hubbard, OH 44425

All Hubbard athletes from Kindergarten to entering 9th grade are eligible to participate in the two day camp.

Dinner will be provided to participants

\$25.00 Per Participant

Registration form and payment must be received by June 24th to guarantee a t-shirt.

Check-in begins at 5:30 p.m. Camp starts at 6:00 p.m.

Questions? Contact James Chaney @ 330-519-5454

www.hubbardyouth.org

Additional Sponsorship Provided By:

FRIDAY NIGHT LIGHTS – THURSDAY & FRIDAY, JULY 7 & 8, 2022

Return this completed form with payment and separate Informed Consent Release Form to:

Hubbard Youth Coalition Inc. • 418 Parkview Drive • Hubbard, OH 44425 • hubbardyouth@gmail.com

Make check or money order out to: Hubbard Youth Coalition Inc.

T-Shirt Size (Circle One):

PLAYER NAME: _____ AGE: _____ YOUTH: Sm Med Large ADULT: Sm Med Large XL XXL

HUBBARD SCHOOL: _____ ENTERING GRADE: _____

PARENT/GUARDIAN NAME (Please Print): _____

PARENT/GUARDIAN SIGNATURE: _____

PHONE: _____ EMAIL: _____

Event Photo & Video Release can be viewed at www.hubbardyouth.org.

Scan. Pay. Go.



INFORMED CONSENT RELEASE AND EXPRESS ASSUMPTION OF RISK

FRIDAY NIGHT LIGHTS – YOUTH FOOTBALL SKILLS CAMP Camp/Clinic Recreational Activities

I realize injuries can be a consequence of participation in football camp recreational activities and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved, and I voluntarily assume all risk of possible death, harm, or injury. I understand and appreciate that football camp recreational activities and physical activities involving rigorous exertions and is inherently subject to a risk of substantial physical injury and even death from some actions.

In accepting this risk, I expressly and explicitly release, discharge, and waive any and all responsibility of Hubbard Exempted Village School District, Hubbard Eagles Football, Hubbard Youth Coalition Inc., Hubbard Little Eagles Athletics Inc., and the employees, officials, agents, or volunteers of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any matter, injuries to participants as a result of their participation in this activity.

Electronic Signature Agreement. By choosing to type my name below in the Parent/Guardian Signature section I understand I am completing this Release form electronically and my name will serve as my electronic signature. I agree my electronic signature is the legal equivalent of my manual signature (as if I actually signed this Release form in writing).

Participant(s) Printed Name(s)

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

If there is an emergency, please contact:

NAME

RELATIONSHIP

PHONE NUMBER

THIS COMPLETED FORM MUST ACCOMPANY REGISTRATION FORM AND PAYMENT.