



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

## FRIDAY NIGHT LIGHTS

## Youth Football Skills Camp

**Friday, July 11, 2025 6:00 p.m. - 9:30 p.m.**

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

### REGISTRATION FORM, INFORMED CONSENT RELEASE AND EXPRESS ASSUMPTION OF RISK 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.

#### EMERGENCY CONTACT INFORMATION

*If there is an emergency, please contact:*

NAME

RELATIONSHIP

PHONE NUMBER

Only athletes entering 3<sup>rd</sup> grade to entering 9<sup>th</sup> grade are eligible to participate in the camp.

***Pay by Venmo or make check/money order out to: Hubbard Youth Coalition***

**T-Shirt Size (Circle One):**

PLAYER NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ YOUTH: Sm Med Large  
SCHOOL: \_\_\_\_\_ ENTERING GRADE: \_\_\_\_\_ ADULT: Sm Med Large XL XXL

***By my signature below, I certify that I completely understand this document and accept this risk.***

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN NAME (Please Print): \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Event Photo & Video Release can be viewed at [www.hubbardyouth.org](http://www.hubbardyouth.org).

**Return this completed page with payment to:**

Hubbard Youth Coalition Inc. • 418 Parkview Drive • Hubbard, OH 44425 • [hubbardyouth@gmail.com](mailto:hubbardyouth@gmail.com)

@HubbardYouthCoalition



**venmo**