



EDISON CHARGER YOUTH FOOTBALL PROGRAM



2019 Edison Youth Flag Football

- WHO:** Edison student in grades 1 thru 4 interested in learning the game of football.
- WHAT:** Players will be instructed by the Varsity Football Coaching Staff and Players in football fundamentals, placed on teams, and provided an opportunity to play in flag football games.
- WHEN:**
- | | |
|----------------------|------------------|
| Tues. Sept. 3 | 5:30-6:30 |
| Wed. Sept. 4 | 5:30-6:30 |
| Tues. Sept. 10 | 5:30-6:30 |
| Wed. Sept. 11 | 5:30-6:30 |
| Tues. Sept. 17 | 5:30-6:30 |
| Wed. Sept. 18 | 5:30-6:30 |
| Tues. Sept. 24 | 5:30-6:30 |
| Wed. Sept. 25 | 5:30-6:30 |
| Sat. Sept. 28 | 7:00-8:30 |
- FINAL GAME UNDER THE LIGHTS**
- WHERE** Edison High School Football Practice Field and the Firelands Regional Medical Center Field House Facility
- COST** \$25 per participant - \$15 each additional family member.
Campers will receive a t-shirt.

Registrations/Sign-ups can be completed at the first day of camp.

By Mail: Edison High School or Return to the Offices at Edison Elementary School or
c/o Coach Jim Hall Edison Middle School.
2603 St. Rt. 113 E.
Milan, Ohio 44846

Make all checks payable to Edison High School.

About the Program

The skills, drills and attitudes taught at the Edison Youth Flag Football Program are designed to help young athletes develop the proper techniques and essential fundamentals in an enthusiastic environment. The Edison Varsity Football Staff and Varsity Players will provide individual instruction, group instruction, and competition to strengthen player's skills as well as promoting teamwork and enthusiasm. We welcome all players and only require each player come to camp with a positive attitude and desire to work hard.

Attire:

Players should wear athletic shorts, a t-shirt and cleats/tennis shoes.

Any questions? Contact Coach Jim Hall at jhall@edisonchargers.org

GO CHARGERS!!



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Name: _____

Phone: _____

Home Address: _____

Parent's Name: _____

2019 School Year Grade : _____

T-Shirt Size (circle one) Adult: XL L M S Youth: L (14/16) M (10/12)

EDISON ATHLETICS PERMISSION FORM

My child _____, has permission to participate in the Edison Football skills camp to be conducted at EDISON HIGH SCHOOL. He has either 24-hour, year round insurance or a family medical plan which covers accidents. Neither my son, nor I, his parent or legal guardian will hold any supervisor or official with the Camp Staff liable for any accident or injury resulting from activities offered by the school football staff, and my signature below indicates a willingness to accept full responsibility.

Parent/Guardian Signature