



CMS FOOTBALL

Hilltopper Football Team Skill Session Camp 2026

Grades 7 & 8

4 days x 3.00 hours = 12.00 hours

Tue, 6/30, 9:00am – 12:00pm, Stadium

Thu, 7/2, 9:00am – 12:00pm, Stadium

Tue, 7/14, 9:00am – 12:00pm, Stadium

Thu, 7/16, 9:00am – 12:00pm, Stadium

All camp registrations will be online at: <https://www.chardonathletics.com/camps>

JUN 30
TO
JUL 16

BOYS FOOTBALL

**CHARDON M.S. HILLTOPPER FOOTBALL TEAM SKILL SESSION CAMP
2026 (GR. 7 & 8)**

Camp Fee is \$150.00.

****We are not able to do *partial payments* if all 4 sessions are not attended. ****

Contact Info: jrlandies@gmail.com

eric.bartley@chardonschools.org

nick.salatino@chardonschools.org

Hilltopper Football Team Skill Session Camp (Grades 7 & 8)

Registration Form 2026

Participant's Last Name: _____

Participant's First Name: _____

Participant's Grade in Fall Of '26: _____ 7th or 8th _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

T-Shirt Size (Circle one): **YL / AS / AM / AL / AXL**

****IMPORTANT: THE FOLLOWING WAIVER MUST BE COMPLETED****

1. The undersigned is registering individually or as the Parent/Legal Guardian of a minor child or both. As used below, registrant is an adult registering for an activity individually or as a Parent/Legal Guardian of a minor child.

2. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging activity and program, and in consideration of the Chardon Athletic Boosters and Chardon Local School District accepting registrant for its program, the undersigned hereby assumes any risk and releases, discharges and otherwise indemnifies the Chardon Athletic Boosters and Chardon Local School District, **Chardon Hilltopper Football**, and its employees and agents against any claim for injuries received by the registrant and/or minor as a result of participation in the program and activity or use of the recreational facilities or during transport to or from same, which transportation is hereby authorized.

3. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed athletic trainer, physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant and/or minor(s).

Date: _____ / _____ / 2026

Print Name of Parent / Legal Guardian: _____

Relationship to minor: _____

Signature of Above (Required): _____

In the Event of Emergency Contact: _____

Relationship to minor: _____

Phone: _____