



# NEWARK CATHOLIC YOUTH FOOTBALL CAMP



Dear Student Athletes and Families,

On behalf of the Newark Catholic Football Team, we would like to invite you to participate in our Youth Summer Football Camp on Tuesday, August 4th and Thursday, August 6th from 4:30 P.M. to 6 P.M. Leading the camp will be The Newark Catholic Coaching Staff with the help of our current high school players. This year we are working with our youth and middle school football coaches to provide more continuity between the programs. Our focus will be on the development of players' offensive and defensive positions.

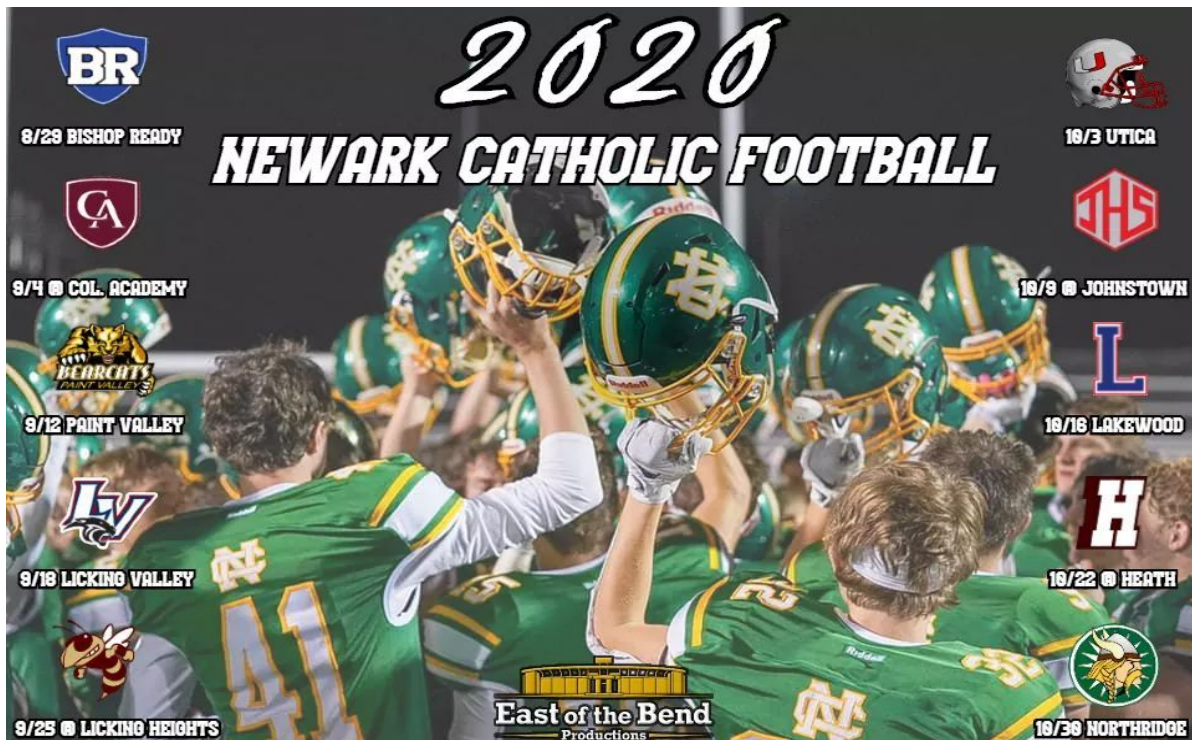
In an effort to keep this camp as safe as possible coaches and the high school players will be wearing masks and there will be a screening process each day. Participants will be asked five questions and we will take everyone's temperature. In addition to the enrollment form, we ask that all participants complete and bring the waiver provided to us by The Diocese of Columbus at check-in.

This camp is subject to change. Due to the fluidity of our current situation, we would appreciate it if everyone brought their money on August 4th in the event that we are required to cancel.

Be safe and we look forward to seeing you on August 4th!

Sincerely,

Head Football Coach  
Ryan Aiello





# STATE CHAMPIONSHIPS

1968 \* 1978 \* 1982 \* 1984 \* 1985 \* 1986 \* 1987 \* 1991 \* 2007



**GRADE:** 5th-8th grade camp \*Refers to your child’s grade for the 2020-2021 school year

**DATES:** August 4th and 6th

**TIME:** 4:30 P.M. – 6:00 P.M.

**LOCATION:** Newark Catholic High School

**DIRECTOR:** Ryan Aiello, Head Football Coach

**CHECK-IN:** Begins Tuesday, August 4th at 4:00 P.M. Enter the parking lot entrance closest to the High School (the large gate next to the school that leads to the track).

**FEE:** \$25.00 per participant

**ATTIRE:** T-shirt, shorts and cleats (cleats preferred but not required).

**BRING:** Water

**QUESTIONS:** Contact Head Coach Ryan Aiello (raiello@newarkcatholic.org)

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## ENROLLMENT FORM – Please print!

Please send one enrollment form per child and one check per family.

Camper’s Name: \_\_\_\_\_ Grade in Fall 2020: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Phone:(\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

I hereby desire that my child, who is under eighteen years of age, participate in the Football Camp offered by Newark Catholic High School. By execution of this release, I acknowledge and agree that all requirements, directions, supervision and standards set by the directors of this program shall be established for his/her benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise out of his/her participation in this program, hereby intending to release NCHS and the personnel associated with this program from liability that may result from his/her participation.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I am enclosing \$\_\_\_\_\_ camp fee. Make checks payable to: **Newark Catholic Athletic Association**

Mail to: Attn: Athletic Director Tom Pickering  
Newark Catholic High School  
1 Green Wave Drive  
Newark, OH 43055