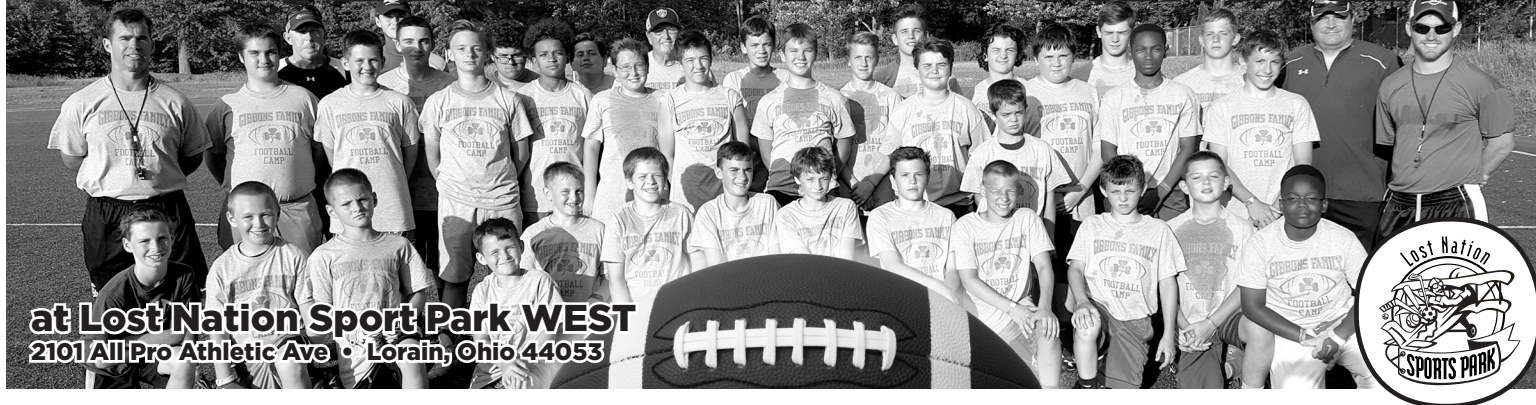


2017 GIBBONS FAMILY FOOTBALL CAMP



at **Lost Nation Sport Park WEST**
2101 All Pro Athletic Ave • Lorain, Ohio 44053

The Gibbons Family Football Camp

is designed to teach the necessary **fundamentals** and **techniques** needed to play the game of football.

At camp, players will get all the football they could ever want, with up to seven hours of instruction each day. Due to its size, the camp allows players to be matched up properly by age and skill level.

If you are a skilled player or just starting football, our camp will be an experience you will never forget!



FEATURES

- Instruction, Lectures, and Hands-on Demonstrations
- All positions taught: *Offense, Defense and Special Teams*
- **Film Study** and **Chalk Talks** in First Class Team Room (*in dorm*)
- CAMPERS WILL BE TAUGHT: Teamwork, Self-Esteem, Empathy, Self-Discipline, Academic Rigor and Dangers of Drugs/Alcohol.
- FIRST-CLASS FACILITIES of *Lost Nation West Complex*: 2 Outdoor Fields (*one Field turf*), Housing, Dining, Meeting Rooms, Locker Areas & Recreational Facilities all on-site.
- GROUPING PLAYERS: Players are carefully grouped by **Age, Size, Experience** and **Ability**
- 7 All-you-can-eat **Buffett Style Meals** in dormitory dining hall
- **Spacious Suites** for up to four, with adjoining bathrooms & showers
- Access To **Cleveland Gladiator Practice** on LNW Campus.
- Written **Player Evaluation**
- **FREE Camp T-shirt**
- Linen Provided
- Camp **Snack Bar** (*evenings only*)
- Camp Barbeque

GIBBONS FAMILY FOOTBALL CAMP REGISTRATION FORM (SIDE 1)

PLAYER INFORMATION:

PLAYER NAME (INDIVIDUAL SIGN-UP)		TEAM NAME (IF APPLICABLE)	
STREET ADDRESS			
CITY		ZIP CODE	
HOME PHONE		CELL PHONE	
E-MAIL ADDRESS			
DATE OF BIRTH	SCHOOL GRADE 2017-18	AGE	PARENT NAME

INSURANCE INFO

NAME OF MEDICAL INSURANCE CO
NAME OF INSURANCE POLICY HOLDER
POLICY HOLDER (DOB)
MEDICAL INSURANCE POLICY HOLDER

Send **Application & Medical Treatment Form** w/\$75 deposit to:

Tom Gibbons
35600 Skytop Ln. • Willoughby, OH 44094
Make checks out to Lost Nation Sports Park

SELECT LEAGUE SESSION & REGISTRATION FEE

POSITION CAMP (JUNE 12-14, 2017)	<input type="radio"/> OVERNIGHT \$245	<input type="radio"/> COMMUTER \$165	TEAM CAMP SESSION (JULY 20-22, 2017)	<input type="radio"/> OVERNIGHT \$175	<input type="radio"/> COMMUTER \$125
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GIBBONS FAMILY FOOTBALL CAMP 2017

2101 All Pro Athletic Ave
Lorain, Ohio 44053

TWO CAMP DATES

TEAM CAMP SESSION

GRADES 6TH - 8TH
(SCHOOL YEAR 2017-18)

July 20th - 22nd
3-day/2-night

\$175 OVERNIGHT CAMPER
\$125 COMMUTER CAMPER

CONTACT
Tom Gibbons (216) 233-6757

POSITION CAMP

GRADES 5TH - 9TH
(SCHOOL YEAR 2017-18)

June 12 - 14th
3-day/2-night

\$245 OVERNIGHT CAMPER
\$165 COMMUTER CAMPER

CONTACT
Tom Gibbons (216) 233-6757



TYPICAL SCHEDULE

- 7^{AM}** Wake Up / Breakfast
- 9-11^{AM}** Offensive-Specific Position Session
- 11:30^{AM}** Lunch (in Dining Hall)
- 1:15^{PM}** Film Breakdown of A.M. Practice (in Team Room)
- 2-4^{PM}** Defensive & Special Team Emphasis Session
- 5:00^{PM}** Dinner (in Dining Hall)
- 6:30-8^{PM}** Team 7-on-7 Passing Session (All campers)
- 8-9:45^{PM}** Recreational Time (basketball, batting cages, games, etc.) Snacks, Pizza & more available
- 10:30^{PM}** In Rooms
- 11:00^{PM}** "Lights Out"

WHAT TO BRING?

Plenty of T-Shirts • Athletic Shorts
Football Cleats • Athletic Shoes • Pillow
Towels • Fan • Toiletries • Blanket

- * Non-Refundable deposits (\$75 for each camp) Due by: Friday May 19th.
- ** COMMUTER CAMPERS GET PICKED UP @8PM
- *** REGISTRATION FOR BOTH CAMPS: 8-9:30^{AM} at Lost Nation West Dormitory

GROUP ENROLLMENT DISCOUNT:

Groups of 7+ campers are eligible to receive \$25 off per registration.
Must submit all forms & deposits together to receive discounts.

CAMP STAFF

JOHN GIBBONS

Assistant Coach, Lake Catholic
Entering 50th year of coaching. Ohio High School Football Coaches Association Hall of Fame (2015), 2-Time State Championship Coach Lake Catholic 1991-92, State Runner Up Coach 2003 St.Ed's, 208 victories in 27 years.

TOM GIBBONS

(CAMP DIRECTOR)
Defensive Coordinator, Lake Catholic
Head Coach at Euclid (2008-14), Assistant Coach at Euclid (1996-2007)

TOM LOMBARDO

Head Coach, St.Ed's
Division 1 State Champs 2015, 9-Time Playoff Participant, State Champion Coach at Lake Catholic 2001, Head Coach at Highland H.S. 2007-2014, Div. II State Semi-Finalist 2013.

MIKE GIBBONS

Highland H.S. Head Coach
State Playoffs (2015), Beachwood H.S. Head Coach State Playoffs (2013 & 2014).
AS A PLAYER: National Champions & Div. III All American (Mount Union College 2005), HS State Champion & Div. III Co-Defensive Player of the Year (Lake Catholic 2001)

MARTY GIBBONS

DB Coach, Notre Dame College,
2015 Assistant Coach Highland HS. As a player at John Carroll University, Two Time All OAC Defensive Back. High School: Two Time State Semi-Finalist and All Ohio 2nd Team DB.

RICK LYTLE

Offensive Coordinator/Quarterback Coach,
Lake Catholic H.S.
Camp Director for QB/WR Academy Camp, Offensive Coordinator: Euclid HS (2000-2007, 2009-14), St. Ed's (2008), Lake Catholic 1992-1997 (State Champions 1992). Head coach at Beachwood H.S. (1998-1999)



GIBBONS FAMILY FOOTBALL CAMP REGISTRATION FORM (SIDE 2)

Waiver/Exclusionary Clause

I, the undersigned parent/guardian/participant, in enrolling at Lost Nation Sports Park (LNSP), understand that he/she/I, in attending any football program and using the facilities, does/do so at his/her/my own risk. LNSP and its owners, employees, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/her/my family in or about the premises. Participants and parents assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and he/she/I does/do hereby fully and forever release, discharge, and hold harmless LNSP, all associated facilities, and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or rising out of any person's participation in any programs or use of its facilities. In addition, he/she/I agree(s) to follow the rules of play and conduct set by LNSP. He/she/I understand(s) that failure to do so may result in suspension from participation.

I also give permission for the free use of my child's/ward's name, picture, and/or likeness in any article, broadcast or other account of the basketball league, including but not limited to, promotion of future events or other promotional use.

Consents

I, the undersigned parent of/guardian of/participant

NAME OF PARTICIPANT

do hereby grant authority to the staff of Lost Nation Sports Park to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PAYMENT INFORMATION

\$_____ Total Registration fee (see reverse)

Credit Card: MC VISA DISC

Card #

Exp date

Signature

Cash Check

CHECK NUMBER

NOTE: INDIVIDUAL WAIVER & RELEASE FORMS MUST BE SIGNED FOR EACH PLAYER