



**Head Coach John Magistro** enters his 32nd season as a head coach and his 9th at Westerville Central.

- 238 wins
- 2011 Div 1 Coach of the Year
- 5 undefeated regular seasons
- 8 time div IV regional champs
- 2 time state runner up
- 4 time Div IV coach of the year
- 10 time Div IV Eastern District

- Guest Speakers
- Pizza / Popsicle
  - Games
  - T Shirts



614-797-8733

Westerville, OH 43082

7118 Mount Royal Avenue

Westerville Central High School

2017  
WARHAWK YOUTH  
FOOTBALL CAMP

May 30—June 1  
9:00 am -12:00 pm



# Registration

**What:** Westerville Central annual Youth Football Camp

**Who:** All athletes entering grades 3-8

**When:** May 30,31—June 1  
9:00am—12:00pm

**Where:** Warhawk Field

**Why:** Establishing tradition and excellence throughout the program

**Cost:** \$70 Pre-registration—\$80 walk up

**What to Bring:** Cleats, Tennis Shoes, Shorts, T-shirt, Water Bottle, and a great attitude

**What You Get:** Camp T-Shirt, Popsicles, Pizza, Guest Speakers, Valuable Football Skills

**Return By:**  
May 30th

**Check; make payable to**  
WCABC-Football

**Return to:**  
Westerville Central Athletic Dept.  
c/o John Magistro  
7118 Mount Royal Ave.  
Westerville, OH 43082-8393



Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade entering \_\_\_\_\_ Shirt Size YL S M L XL XXL

**Injury and insurance Release Statement**

I give permission for my child to participate in the 2013 Warhawk Youth Football Camp. In addition I agree to accept any liability in case of accident or injury.  
Parent or Guardian Signature for insurance release

**Emergency Medical Authorization Section 3313.712**

**Ohio Revised Code.** Purpose—To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact me at \_\_\_\_\_ (home)  
\_\_\_\_\_ (cell)  
\_\_\_\_\_ alternate

I hereby give my consent for : (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; or (2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted \_\_\_\_\_

\_\_\_\_\_  
**Parent Guardian Signature** **Date**

**Part II—Refusal to consent**—I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
**Parent Guardian Signature** **Date**