

# Little Dogs Football Camp

June 4<sup>th</sup>, June 5<sup>th</sup>, and 6<sup>th</sup> 2024  
7:30am-9:30am

## **Little Dogs Football Camp:**

This camp is intended for any boy or girl entering the 4<sup>th</sup> through 8<sup>th</sup> grades for the 2024-2025 school year. Students from within **and** outside the Defiance City Schools District are welcomed and encouraged to attend this three-day camp meant to develop fundamental skills and introduce drills as well as provide a fun and enthusiastic atmosphere for learning the basics of the game of football.

## **When:**

Tuesday June 4<sup>th</sup>, Wednesday June 5<sup>th</sup>, and Thursday June 6<sup>th</sup>  
7:30am-9:30am

## **Where:**

Campers should meet each day at Fred J. Brown Stadium next to the football game field to check in. The camp will utilize the game field as well as the stadium located next to the game field.

## **Who:**

The camp will be staffed by members of the Defiance Football Staff as well as current players:

Head Coach-Travis Cooper

Asst. Coach-Steve Rittenour

Asst. Coach-Clay Greiwe

Asst. Coach-Joe Keween

Asst. Coach-Shane Brugler

Asst. Coach-Collin Trudel

Asst. Coach-Rogelio Rubio

\*Jr. High Coaches and Varsity Volunteers will be involved when available.

## **What to Bring:**

Campers should wear appropriate clothing, tennis shoes for stadium work, and football cleats (if you choose) for the game field activities as well as bring something to drink if desired.

## **What is Provided:**

A T-shirt to all campers as well as treats at the end of each camp day will be provided.

**Cost:** \$30.00 (DEADLINE IS TUESDAY, MAY 21st to ensure that you get a t-shirt)  
(\$25/camper if 2 or more from a family)

# DEFIANCE BULLDOGS FOOTBALL

(FILL OUT COMPLETELY AND RETURN WITH CHECK/CASH **BY TUESDAY, MAY 21ST** TO ENSURE THAT YOU GET A T-SHIRT)

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**Registration:**

Name of Camper: \_\_\_\_\_

2024-2025 Grade: \_\_\_\_\_

Phone # \_\_\_\_\_

Address: \_\_\_\_\_

2<sup>nd</sup> Contact #: \_\_\_\_\_

T-Shirt Size: (Youth size): \_\_\_\_\_ or (Adult size): \_\_\_\_\_

Make checks payable to: ***Defiance Athletic Department***

Mail registration/check to: Defiance Athletic Department  
Attn: Travis Cooper  
1755 Palmer Drive  
Defiance, OH 43512

\*Questions?: Email Coach Cooper, [tcooper@defianceschools.net](mailto:tcooper@defianceschools.net)

**Waiver:** I hereby authorize the program director and camp staff to act on my behalf in any situations requiring immediate medical attention. I also certify that the above participant is covered by a comprehensive medical insurance plan or is self-insured. I hereby release the camp staff, director and Defiance City Schools of any liability for any illness or injury incurred by the above named participant while at camp or while in transit to or from camp.

Parent or Guardian Signature: \_\_\_\_\_