

## Antioch Youth Football Summer Camp 2026

**When:** Mon. 6/22 to Fri. 6/26 8:00 a.m.-10:00 a.m. @ ACHS Stadium

**Cost:** \$60 (\$50 is also doing our youth basketball camp)

– Includes ACHS football t-shirt

(No refunds under any circumstances.)

**Who may attend** 3rd,4th,5th,6th,7th and 8th grade students.

**Equipment needed:** Football spikes or athletic shoes, athletic shorts, T-shirt

**Other info:** On days of inclement weather camp will be indoors.

**Camp Coaches:** Brian Glashagel (Varsity Head Coach), Pat Swanson

**Questions:** Email Head Football Coach Brian Glashagel at Brian.Glashagel@chsd117.org

Athletes will learn the fundamentals of football like blocking, tackling, pursuing, catching, throwing, snapping and kicking. Fundamental drills will be taught by an energetic and experienced coaching staff. So come get a great experience and learn the game of football the SAFE way!!!!

**Be a better athlete. Be a better Football player. Meet new people. Have fun. Don't miss the opportunity to learn some great football!**

Youth Football Summer Camp APPLICATION FORM AND WAIVER (\$60 mail in with check)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_ Grade School Attending \_\_\_\_\_

Make checks payable to: ANTIOCH YOUTH FOOTBALL CAMP (\$60)

Mail to: Brian Glashagel-Head Football Coach

Antioch Community High School

1133 S. Main St.,

Antioch, IL 60002

OR go to <https://www.sequoitfootball.com/summer-camps> and register/pay online.

**Please note:** The cost of camp remains the same, whether a student attends all of the program sessions, or just a portion of Camp. In consideration of your acceptance of my application, I am intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release the Antioch Summer Football Camp and members of it's staff from any and all claims or rights to damages for injuries or losses suffered while attending Antioch Summer Football Camp at Antioch Community High School. In case of injury or illness, necessary treatment is authorized by the undersigned. Applicant is covered by \_\_\_\_\_ Insurance Company, Policy Number \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Parent/Emergency Phone Number \_\_\_\_\_

Camper T-Shirt Size(Circle one): YL, S, M, L, XL, XXL

Office Use Only: Check Number \_\_\_\_\_ Amount \_\_\_\_\_ Date Rec'd \_\_\_\_\_