



# ETIWANDA EAGLES FOOTBALL

🏈 x10 League Champs / x2 CIF – SS Champs 🏈



## 2026 EAGLES YOUTH FOOTBALL CAMP

**“TRAIN LIKE A CHAMPION!”**

Open to all current: 6th, 7th, and 8th Graders.

Location: Etiwanda High School Football Stadium  
13500 Victoria St., Etiwanda, CA. 91739

Dates: (TUESDAY) APRIL 28, 2026  
(THURSDAY) APRIL 30, 2026

**REG. / CHECK IN: 5PM / Camp Start Time: 5:30PM - 7:00PM**

Cost: \$25 Per Athlete, Per Day. -OR- \$40 for BOTH DAYS.

\*\*\*CASH ONLY!\*\*\*



Please FILL OUT and email your RSVP form, PRIOR TO CAMP DATE, to Coach: [Nicholas.Baiz@cjuhsd.net](mailto:Nicholas.Baiz@cjuhsd.net)

- Enter "2026 Eagles Football Camp" in to your email's subject line.

- Bring a copy of this COMPLETED FORM, along with CASH, to the camp date. **T-SHIRT SIZE: \_\_\_\_\_ If registered by 4/1/26.**

This is a unique opportunity for all Junior High / Middle School Student-Athletes to gain a competitive edge in their athletic development for High School Football. This camp will focus on the development of football skills, while emphasizing safety through proper technique. Each session will focus on different aspects of the game of football. Camp Participants are expected to wear athletic shorts, t-shirt, and football cleats, or athletic shoes.

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Fall 2024: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list your Athlete's Medical Conditions, if any: \_\_\_\_\_

*By TYPING OR SIGNING my name, I hereby authorize the director, staff, and volunteers of the EHSYFC to act for me according to their best judgment in any emergency medical situation. I hereby waive, release, exonerate, and discharge the Etiwanda HS and CJUHSD and the Director of the EHSYFC and all its volunteers from any and all actions or causes known or unknown, from any injuries incurred in camp, or on the way to and/or from camp. Costs for treatment of injuries and hospitalization for illness or injuries incurred during the Football Camp will be the responsibility of the parent or guardian of the participant. I certify that my child is healthy, and has no injury or illness which would limit his participation. I also understand that no refunds will be offered for the camp.*

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