

NCAA DIVISION I NATIONAL CHAMPIONS 2010



Additional Fees/Cancellations

The \$100 camp deposit is non refundable. Remaining fee of \$185 will be refunded up to one week before the first day of camp. Later notice will require a doctor's release from camp due to medical reasoning. Single day individual rates are non refundable. Each athlete must provide a front and back copy of their insurance card, a camp registration and a medical release form in order to participate.

Items to Bring

Bring personal articles and workout gear. You will want to bring bedding, pillows, towels, toiletries and spending money. You will be able to cash checks in the Eagle Shop, which is located in the Pence Union Building. You must provide your own helmet, shoulder pads, jersey, mouth guard, and pants with pads. This is a must as equipment will not be available for rent. Quarterbacks are encouraged to bring their own football. ***WE ARE NOT RESPONSIBLE FOR STOLEN ITEMS.**

Registration/Check-In

Team/Individual Camp:

Camp 1 check-in 10:00am-1:00pm June 20, 2012 in the recreation room of Dressler Hall (round building across from the football stadium).

Check-out June 23, 2012 at 11:15am-1:00pm.

Camp 2 check-in 10:00am-1:00pm June 27, 2012 in recreation room of Dressler Hall (round building across from the football stadium).

Check-out June 30, 2012 at 11:15am-1:00pm.

All **TEAM** camp registrations and payments are to be turned in to your high school coach

Any questions about camp please contact **Tralisa Hogue** at the EWU Football office.

(509)-359-7463

Tralisa.hogue@eagles.ewu.edu

EWU Football Camp Features

Team Camp for High Schools

- Individual instruction periods by EWU staff
- Inside run and skelly periods
- Controlled scrimmages
- Seven full fields and six 60+ yard fields
- 15 meeting rooms with video capabilities
- Video towers on every field
- Certified training staff
- Emphasis is on player development and team strategy
- Average of six hours of on-field instruction per day

Individual/Team Camp

- Individual instruction by EWU staff
- Grades 8-12
- The best college and high school coaches in the NW
- Camp All-Star and Leadership Awards
- Camp T-shirt
- Camp is limited contact with full gear worn for protection
- Average of six hours of on-field instruction per day

Camp Mission

For the 30th year, the camp will continue to offer the very best team and individual football skills development in the Northwest from outstanding college and high school coaches. The camps are limited contact with full gear worn for protection.

Camp of Champions

We are proud of our camp tradition. Over the past 26 years, alumni of the EWU Football Camps have been part of 38 state championships, earned over 228 college scholarships and several professional opportunities.

**EWU Football Camp Participant
Medical History & Release Form**

APPLICANT

Name _____

Phone _____ Position _____

DOB _____ Height _____ Weight _____

Address _____

_____ Apt _____

PARENT/GUARDIAN

Name _____

Phone(s) _____

HEALTH PROFILE (if yes to any of the following, please include attachment with description)

	Circle	
	Yes	No
1. Seizure within past year	Yes	No
2. Hospitalization/Emergency Room/ Urgent Care visit within past year	Yes	No
3. Asthma (if yes, please bring inhaler)	Yes	No
4. Unexplained chest pain/pressure, shortness of breath, rapid heartbeat, sweats, or exceptional dizziness or faint spell	Yes	No
5. Neck/Back/Knee/Ankle or other joint problem	Yes	No
6. Other cardiac conditions, e.g. heart murmur or other rhythm abnormality	Yes	No
7. Learning disability and or ADD / ADHD	Yes	No

Other medical issues (please list on attached sheet).

I authorize Eastern Washington University to release information regarding my participation in programs to the above stated emergency contact(s). This information includes, but is limited to, duration of eve/trip, medical information, and legal information. This consent is a waiver of my rights under the Federal Educational Record of Privacy Act. Permission is given for any emergency anesthesia, operation, hospitalization or other treatment that may become necessary. You should know that over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants.

Parent Signature

Date

I verify that:

_____ camp participant

Has medical insurance with:

_____ medical insurance company

_____ policy number

and has dental insurance with:

_____ dental insurance company

_____ policy number

which effectively covers any medical or dental cost incurred as a result of participation in the Eastern Football Camp. Further, I authorize the medical staff at the Eastern Football Camp to seek any necessary emergency medical or dental treatment my child may need during the course of camp.

parent signature

_____ current medications

_____ current allergies

Acknowledgement of Risk

As the parent/guardian of:

_____ camp participant

I acknowledge the potential risk of injury related to participating in football and the physical activities associated with participation in the Eastern Football Camp. I knowingly and voluntarily on behalf of the camp participant accept the risk of all such injuries that could occur due to participation in the camp.

Parent/Guardian Signature

Front and back copy of insurance card is REQUIRED to participate in camp activities. Please include with registration. Athlete will not be able to participate without an insurance card, NO EXCEPTIONS.

NOTE: It is recommended that campers are vaccinated for bacterial meningitis prior to attending a camp at EWU. Campers are introduced into large groups with close living quarters such as residence halls.