

EASTERN WASHINGTON UNIVERSITY

2010

FOOTBALL CAMP



CAMP DATES:

June 15 - 19

&

June 26 - 30



Additional Fees/Cancellations

The \$100 camp deposit is non refundable. Full camp fee will be refunded with one weeks notice to first day of camp. Refunds after that date will be made to a \$25 service charge only for a medical reason upon receipt of a letter from a physician.

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 lost or stolen items.

Registration/Check-In

Team/Individual Camp:

Camp 1 check-in 2pm-4pm June 15, 2010 in the recreation room of Dressler Hall (round building across from the football stadium).

Check-out June 19, 2010 at 12:00pm.

Camp 2 check-in 2pm-4pm June 26, 2010 in recreation room of Dressler Hall (round building across from the football stadium).

Check-out June 30, 2010 at 12:00pm.

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

Any questions about camp please contact **Jennifer McGlothen** at the EWU Football office.

(509)-359-6873

jjmcglothen@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 28th 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.



Camp 1: June 15 – 19, 2010
Camp 2: June 26 – 30, 2010

EASTERN

Team Registration (11 players or more from a school)

Registration Deadline Camp 1: June 13, 2010
Registration Deadline Camp 2: June 24, 2010

Team Camp registration and payments must be turned in to your high school coach. All Team Camp registration will be turned in as a group by the head coach.

Name _____

Address _____

City/State/Zip _____

Night Phone _____

Day Phone _____

Parent(s) Names _____

Height _____ Weight _____ Grade in Fall _____

High School _____

T-Shirt Size (circle one) S M L XL XXL

Please check appropriate boxes and fill in amount enclosed

\$275 Team Camp 1 **June 15 - 19** (5 days)

\$250 Team Camp 1 **June 15 - 19** (4 days)

\$275 Team Camp 2 **June 26 - 30** (5 days)

\$250 Team Camp 2 **June 26 - 30** (4 days)

\$100 Camp Deposit

Total Enclosed/Charge \$ _____

VISA MASTERCARD

Number _____

Expires _____

Security Code _____

Card Holders Name _____

Signature _____

Send Camp Registration to:
 Eastern Football Camp
 EWU Football Office: C/O Chris Hansen
 207 Physical Education Building
 Cheney, WA 99004-2467

**Make money order or cashier's check payable to:
 EASTERN FOOTBALL CAMP**

Individual Registration

Registration Deadline Camp 1: June 13, 2010
Registration Deadline Camp 2: June 24, 2010

Name _____

Address _____

City/State/Zip _____

Night Phone _____

Day Phone _____

Parent(s) Names _____

Height _____ Weight _____ Grade in Fall _____

High School _____

T-Shirt Size (circle one) S M L XL XXL

Please check appropriate boxes and fill in amount enclosed

\$330 Individual Camp 1 **June 15 - 19** (5 days)

\$330 Individual Camp 2 **June 26 - 30** (5 days)

\$75 Single day rate for individuals

\$100 Camp Deposit

Total Enclosed/Charge \$ _____

VISA MASTERCARD

Number _____

Expires _____

Security Code _____

Card Holders Name _____

Signature _____

Be sure to include front and back copies of participants' insurance card. Athlete will not be able to participate without this, NO EXCEPTIONS.

Medical Release

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.

EWU Football Camp Participant Medical History & Release Form

APPLICANT

Name _____

Phone _____

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