

CENTRAL WASHINGTON UNIVERSITY

2007 TEAM FOOTBALL CAMP

**CAMP DATES:
June 17-21 and June 23-27**



CENTRAL WASHINGTON UNIVERSITY

Athletics

400 East University Way
Ellensburg WA 98926-7570

CAMP DATES

Football Camp: June 17-21 and June 23-27, 2007

GENERAL CAMP INFORMATION

Early Camper Registration: \$260 per athlete which includes camp and complete room and board. Early Commuter Rate: \$200 per athlete which includes dinner on the first day and lunch/dinner on the following two days (no lodging). After June 8 or June 14, the fee is \$280 for campers and \$220 for commuters.

Each participant must complete an application form and all applications must be mailed as a team. A non-refundable \$20 administrative fee is charged for any cancellations. Full refunds minus a \$20 administrative fee require 72-hour notification. For students leaving camp early, refunds are granted on a case-by-case basis minus administrative/program fees. No refunds will be made for students dismissed from camp.

TEAM TELEPHONE REGISTRATION

Telephone reservations will be taken from March 21-May 15. For more information, contact Coach John Graham via e-mail at grahamj@cwu.edu or call 509-963-1935 between 8 a.m. and 5 p.m., Monday-Friday. Team registrations for this camp must be made by the coach. Applications must be mailed as a team.

FOR MORE INFORMATION

Write to Team Football Camp, CWU Athletic Department, 400 East University Way, Ellensburg, WA 98926-7570 or call 509-963-1914

FREE T-SHIRT

Every athlete will receive a free Team Football Camp T-shirt.

WHAT TO BRING

Campers must bring their own towels, washcloth, soap, sun screen, personal toiletries and bathing suit. Also bring football, football shoes, t-shirts, shorts, socks, sweats, athletic supporters, tennis shoes, practice jersey and full football gear. This is a full-gear camp, you must be completely outfitted to participate in any drill. A \$20 rental fee will be charged to campers unable to provide their own equipment. Please leave all valuables at home. CWU is not responsible for damages or loss to camper's personal property.

SUPERVISION

The team coaches are required to stay in CWU housing with their players. Team coaches are also responsible for their players during non-sanctioned, after-hours activities while attending Team Football Camp. CWU reserves the right to send any camper home if found to be undesirable for any reason.

REGISTRATION

Registration is June 17 or June 23 from 1-2 p.m. All participants must attend the Orientation Meeting at 9 p.m. Camp concludes on June 21 or June 27 at 1 p.m.

PHYSICALS / INSURANCE

All CWU camp participants are required to provide a non-returnable physical fitness statement from their physician, a CWU Camper Health/Emergency Information Form and proof of their own medical insurance prior to their participation in the CWU Camp. **CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE WITHOUT PROPERLY COMPLETED FORMS.** The CWU athletic training staff will be on duty during sessions and on-call throughout the day.

Camper's Name _____
 Address _____
 Birth Date _____ Phone (_____) _____
 Sport Camp Attending _____
 Camp Dates _____
 Does your child have:
 Allergies Yes No If yes, list. _____
 Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.
 Yes No If yes, list. _____
 Has your child had any injuries and/or operations during the past year?
 Yes No If yes, list type and dates. _____
 Has your child's physical activity been restricted during the past year?
 Yes No If yes, list reasons and duration. _____
 Is your child taking any medications? Yes No If yes, why? _____
 Name of medication(s) and Dosage(s). _____
 Has your child ever taken any sulfa drugs? Yes No
 Has your child had adverse reactions to any drugs? Yes No
 If yes, list drug(s) and reaction(s): _____
 Date of last tetanus immunization: _____

I, the undersigned, individually and as a parent/guardian of

_____ (camper)
 a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of Parent/Guardian _____ Date _____
 Emergency Contact Person _____
 Relationship _____
 Address _____
 Phone: Work (_____) _____ Home (_____) _____
 Family Physician _____ Phone (_____) _____
 Medical Insurance _____
 Name of Insured _____
 Policy/Group # _____

CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT CAMPS

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BEFORE THE FIRST DAY OF CAMP.
 Campers will not be allowed to participate without properly completed and signed forms.



2007 CENTRAL WASHINGTON UNIVERSITY TEAM FOOTBALL CAMP APPLICATION FORM

CAMP DATES:
June 17-21 (#19307) and June 23-27 (#19308)
REGISTRATION DEADLINE: One week Prior to Camp

Name _____
 (Please type or print)
 Daytime Phone Number (_____) _____
 (Please include area code)
 Street Address _____
 City _____ State _____ Zip _____
 School Name _____
 Coach _____

Camp Dates Attending: June 17-21 (#19307) June 23-27 (#19308)
 Rates:
 \$260 Early Camper Registration (\$280 after June 8 or June 14)
 \$200 Early Commuter Registration (\$220 after June 8 or June 14)
 \$20 Equipment Rental

*Send individual applications as a team with \$100 per-person deposits to CWU Conference Program, 400 East University Way, Ellensburg, WA98926-7592. Make checks payable to CWU Conference Program. Balance must be paid in full by June 8 (#19307) or June 14 (#19308), otherwise a \$20 individual application fee is imposed. A non-refundable \$20 administrative fee is charged for any cancellations. Full refunds minus a \$20 administrative fee require 72-hour notification.

(CWU will destroy the following information immediately after processing.)

Please charge \$_____ to credit card # _____ Visa MasterCard Expiration Date _____
 Card Holder Signature _____ Date _____