



EASTERN WASHINGTON UNIVERSITY FOOTBALL CAMP

JUNE 26 - 30, 2010

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.

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

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.

Items to Bring

Bring personal articles and workout gear. You will want to bring bedding, pillows, towels, toiletries and spending money. 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

Registration Deadline: June 18, 2010

Make checks payable to:

**SPARTAN BOOSTERS
\$310**

Name _____

Address _____

City/ST/Zip _____

Night Phone _____

Day Phone _____

Parent(s) Names _____

Height _____ Weight _____ Grade in Fall _____

High School: _____ Sumner High School _____

High School Coach: _____ Keith Ross _____

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

VISA MASTERCARD

Number _____

Expires _____

Security Code _____

Card Holders Name _____

Signature _____

Completed registration, medical release and payment can be turned into Coach Ross or can be mailed to:

Spartan Boosters ~ Football Team
15127 Main St E Suite 104
Sumner, WA 98390

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

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

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.

X _____

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.

X _____

Parent/Guardian Signature

Front and back copy of insurance card is **REQUIRED** to participate in camp activities. Please include with registration. Athletes 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.

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 | |
|---|--------|----|
| 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 or 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