

WAYNE STATE FOOTBALL YOUNG CATS CAMP



REGISTRATION INFORMATION

Camp is for kids going into 2nd Grade-8th Grade
Friday June 29th - 12:00 PM - 5:00 PM

Registration is due by Monday June 25th

Register Online at www.wscfootballcamps.com

For more information, please contact:

Scott McLaughlin : (402) 375-7719

scmclau1@wsc.edu

CAMP COSTS

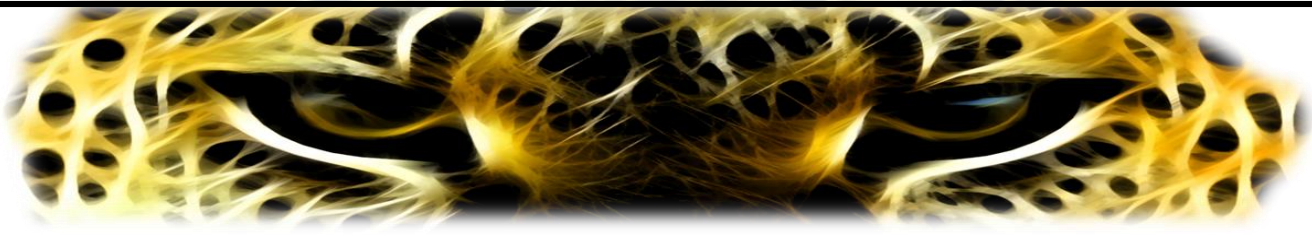
\$25 Per Camper

INCLUDES:

- Individual instruction from WSC coaching staff and players
- Competition Drills - Awards
- Camp T-Shirt
- Sandwich/ Drink provided after camp

Dan McLaughlin and the WSC football staff would like to invite any 2nd-8th grade students to our Young Cats Individual Football Camp. This will be an individual camp where WSC players and coaches will work with campers to teach and develop football fundamentals and techniques.

- The day will include check in from 11:30 AM-12:00 PM at Memorial Stadium
- Workouts-Competitions-Games
- 5:00 PM Checkout and a Sub Sandwich to go.
- Equipment: Football Cleats or any Athletic Shoes - Socks - Shorts - T-Shirt
- Any precautionary equipment needed such as ankle braces, mouth piece, etc.



PERSONAL INFORMATION SHEET

Name _____

Home Phone (_____) _____

Mailing Address _____

City _____ State _____ Zip _____

Grade Entering _____

Birthdate ____/____/____

Height _____ Weight _____

Father's Name _____

(_____) _____

Mother's Name _____

(_____) _____

Subway Sandwich (Circle 1 of each)

Bread- (White) (Wheat)

Meat- (Ham) (Turkey) (Roast Beef)

Cheese- (American) (Cheddar) (Swiss)

Adult Camp T-Shirt Size (Circle one) S M L

XL 2XL 3XL

YOUNG CATS CAMP COST (\$25)

Make checks payable to WSC Football Camps

CASH WILL NOT BE ACCEPTED

Please read and sign the release form and return with your personal information and payment to:

Wayne State Football Camp

Attn: Athletic Business Manager

1111 Main Street

Wayne, NE 68787

***Online registration & credit card payment :**

www.WSCFootballCamps.com



Medical History-

Medical Conditions, Pre-existing injuries, Medical Disorders, Allergies, Medications

I do hereby release the Board of Trustees of the Nebraska State Colleges, Wayne State College, the WSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, or loss (personal property or other).

Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the WSC Athletic Camp.

I hereby authorize the staff of Wayne State College and the WSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand if my child presents concussion-like symptoms during an evaluation from a Certified Athletic Trainer at a WSC Athletic Camp, he/she will no longer be allowed to participate at camp. As a parent/guardian I must make arrangements to remove my child from camp as soon as I have been notified of my child's condition.

I further give my permission for Wayne State College and the WSC Athletic Camp to use, for publicity or advertising purposes, any photographs taken of me at the camp.

Participant

Date

Parent/Guardian *(required for all participants)*

Date

