

# WAYNE STATE FOOTBALL TOP CATS CAMP



## CAMP DATE

**Saturday June 24th**

## REGISTRATION INFORMATION

Registration is due by Monday June 19th  
Register Online at [www.wsfootballcamps.com](http://www.wsfootballcamps.com)

For more information, please contact:

**Scott McLaughlin : (402) 375-7719**

[scmclau1@wsc.edu](mailto:scmclau1@wsc.edu)

Dan McLaughlin and the WSC football staff would like to invite all high school football prospects going into 9th-12th grade to its Top Cats Individual summer football camp. This is a light contact (high and hard) padded individual camp where WSC players and coaches have the opportunity to teach and develop football fundamentals and techniques

### Schedule

8:00 AM-9:00 AM- Registration at Memorial Stadium

9:00 AM-9:15 AM- Introductions

9:15 AM- 9:45 AM-Stretch

9:45 AM-11:15 AM- Performance Testing

11:15 AM-12:00 PM- Position Drills

12:00 PM-12:50 PM- Lunch Break -WSC Cafeteria

1:00 PM-Stretch

1:30 PM- 2:15 PM Position Drills

2:15 PM- Competition Drills- 1on1s

3:15 PM- Recruiting Tour for Juniors/Seniors

## CAMP COSTS

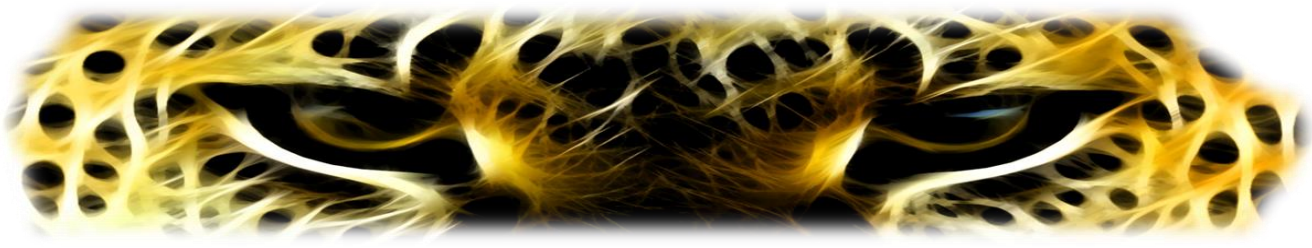
**\$65 Per Camper**

### INCLUDES:

- Individual instruction from WSC coaching staff and players
- Competition Drills
- Performance Testing
- Camp T-Shirt
- Lunch in the WSC cafeteria

### •EQUIPMENT-

- Cleats and Workout Shoes
- Shoulder Pads-Jersey
- Helmet-Mouthpiece
- Shorts
- Injury Prevention items if needed
- Braces, wraps, etc.



# PERSONAL INFORMATION SHEET

Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade Entering \_\_\_\_\_

Position \_\_\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Father's Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Adult Camp T-Shirt Size (Circle one) S M L  
XL 2XL 3XL

## TOP CATS CAMP COST (\$65)

Make checks payable to WSC Football Camps

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

Wayne State Football Camp

Attn: Scott McLaughlin

1111 Main Street

Wayne, NE 68787

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

[www.WSCFootballCamps.com](http://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

