



# Wayne State Football 8/9 MAN TEAM Camp

## CAMP DATES

#1 Sunday 19<sup>th</sup>-Tuesday June 21<sup>st</sup>

#2 Thursday July 23<sup>rd</sup>- Saturday July 25<sup>th</sup>

One Day Option July 20<sup>th</sup> or July 24<sup>th</sup>

John McMenamin and the WSC football staff would like to invite you and your team to our annual summer football camp. This is a full-contact (high and hard) padded TEAM camp where players and coaches have the opportunity to develop fundamentals and techniques as well as team objectives.

Each day will include team practice sessions, team scrimmages, team competitions and KING OF THE CAMP.

## COACHING CAMP THOUGHTS

"The WSC camp is a great way for our coaching staff to evaluate players before the season even begins and incorporate new schemes in to our offense and defense against actual opponents. The WSC staff is great to work with and willing to help your staff and team with any questions you have."

*Denny Whitlow- Head Football Coach- Moravia High School*

"Our kids and coaches love coming to the WSC Football Camp. The kids look forward to making the trip to Wayne and competing all camp long. The Coaches at WSC do a great job with the kids and are always available to talk to other coaches. We look forward to coming back every year!"

*Tom Thramer- Head Football Coach Chambers-Wheeler-Central*

## REGISTRATION INFORMATION

Register Online at [www.wscfootballcamps.com](http://www.wscfootballcamps.com)

For more information, please contact:

Logan Masters: (402) 375-7115

[lomaste1@wsc.edu](mailto:lomaste1@wsc.edu)

## CAMP COSTS

\$150-Overnight Camper

\$120-Commuter Camper

\$70- 1 Day Camper

### INCLUDES:

•Individual instruction from WSC coaching staff

•Camp T-Shirt

•Meals in the WSC cafeteria

•Dorm room accommodations

•Full Time Athletic Trainers

### EQUIPMENT-

•Cleats, Workout Shoes, Shorts

•Shoulder Pads-Jersey/ Pants w/ leg pads

•Helmet-Mouthpiece

•Injury Prevention items if needed

### PERSONAL ITEMS FOR DORM

• Bedding, Towels, Fan, Spending Money



# PERSONAL INFORMATION SHEET

Name \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

Camp 1 \_\_\_\_\_ Camp 2 (Circle one)  
Overnight Commuter Day (Circle one)

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

## 8 MAN CAMP COST

TEAM CAMP OVERNIGHT \$150

TEAM CAMP COMMUTER \$120

TEAM CAMP 1 DAY \$70

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](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

