

WAYNE STATE FOOTBALL TOP CATS CAMP



REGISTRATION INFORMATION

Registration is due by Monday June 24th
Register Online Only at www.wscfootballcamps.com

For more information, please contact:

Scott McLaughlin : (402) 375-7719

scmclau1@wsc.edu

SATURDAY JUNE 29th
OPEN TO ALL POSITIONS

Dan McLaughlin and the WSC football staff would like to invite all high school football prospects going into 9th-12th grade to its Fast 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

12:00 PM-1:00 PM Registration at Memorial Stadium
1:00 PM-1:15 PM Introductions
1:15 PM-1:30 PM Stretch
1:30 PM-2:30 PM Performance Testing Instruction
2:30 PM-3:30 PM Position Drills
3:30 PM-3:50 PM Competition/ 1on1
3:50 PM-4:00 PM Break
4:00 PM-5:00 PM Position Drills
5:00 PM-5:20 PM Competition/ 1on1

CAMP COSTS

\$55 Per Camper

INCLUDES:

- Individual instruction from WSC coaching staff
- Competition Drills
- Performance Testing
- Camp T-Shirt

•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(s) _____

Birthdate ____/____/____

Height _____ Weight _____

Father's Name _____

(_____) _____

Mother's Name _____

(_____) _____

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

*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

