

WAYNE STATE FOOTBALL

11-MAN TEAM CAMPS - 8 MAN TEAM CAMP

REGISTRATION INFORMATION

For more information, please contact:

Clint Brown : 402-375-7313

clbrown1@wsc.edu

11 MAN **June 13 - 15**

11 MAN **June 20 - 22**

8 MAN **June 27 - 29**

****Individual Campers welcome at each of the Team Camps**

CAMP COSTS

11 MAN & 8 MAN TEAM CAMP.....\$145
PER CAMPER

INCLUDES:

- **Individual instruction from WSC coaching staff**
- **Team Practices**
- **Full Contact scrimmage situations**
- **Air Conditioned Dorms (pending construction)**

Dan McLaughlin 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 individual instruction from the WSC coaching staff. Afternoon and evening sessions will gear toward team sessions and drills such as 7-on-7, 30-play team scrimmages, and King of the Hill.

COACH'S THOUGHTS

"The WSC Football Camp has become a staple in our off-season preparation. Our kids don't ask 'are we going to camp' they ask, 'when are we going to camp?'"

Coach Mike Davis - Yutan High School

"The Wayne State Football Camp has become an integral part of our football program. We use the camp as part of our evaluation process. Individual technique and group work is emphasized and a sufficient amount of team time is provided. The Wayne State Staff is well organized and do an excellent job teaching fundamentals. Our kids had a positive experience and look forward to returning."

Coach Leigh Schmale - Elmwood Murdock High School

"Our kids enjoyed the competition of the scrimmages and the Wayne State coaching staff. We'll definitely be back."

Coach Greg Hansen - Stanton High School.

PLAYERS WILL NEED.....

1. Signed registration slip for check-in
2. Remainder of Payment Due (if only \$50 deposit was made)
3. Equipment:
 - Football Cleats - Shoulder Pads - Helmet - Mouthpiece
 - Athletic Supporter - Jersey - Shorts - T-Shirt(s)
 - Socks - Pants w/ Football Pads
4. Personal Items:
 - Towels - Pillow - Toiletry Items - Bedding
 - Spending Money - Fan



WAYNE STATE COLLEGE
WILDCATS



PERSONAL INFORMATION SHEET

Name _____

Home Phone (____) _____

Mailing Address _____

City _____ State _____ Zip _____

High School _____

Grade Entering _____

Birthdate ____/____/____ Height ____ Weight ____

Position (s) _____

Father's Name _____

Work Phone (____) _____

Mother's Name _____

Work Phone (____) _____

CAMP COSTS
 Make checks payable to WSC Athletic Camps
 (Circle All that Apply)

| | | |
|-----------------|-------------------------|-------------|
| Amount Enclosed | \$50 Deposit | Full Amount |
| | 11 Man/Team Camp | |
| | Overnight | \$145 |
| | Commuter | \$105 |
| | 8 Man Team Camp | |
| | Overnight | \$145 |
| | Commuter | \$105 |

Please read and sign the release on the back of this form and return with your personal information and payment to:

Wayne State Football Camp
 Athletics - Mitch DeBoer
 1111 Main Street
 Wayne, NE 68787

Non-Profit Org.
 U.S. POSTAGE
 PAID
 Permit No. 80
 Wayne, Nebraska



WAYNE STATE FOOTBALL
 Att: Clint Brown
 1111 Main St.
 Wayne, NE 68787



MEDICAL HISTORY:

Birth Deformities (one eye, one kidney, etc.) _____

Medical conditions currently under treatment /Medical disorders or convulsions _____

Preexisting injuries under treatment _____

Fractures or other disability-type injuries _____

Allergies (drug, food, asthma, etc.) _____

Medications required or presently taking _____

I understand that the WSC Athletic Camp director and instructors will NOT be held responsible for injuries or loss of property while the previously-named participant is attending camp. I do hereby release the State of Nebraska, Wayne State College, its officers, agents and employees from all liability, including claims and suits in law or equity for any injury—fatal or otherwise. The signatures below absolve the WSC Athletic camp of all responsibilities for loss of personal property. Furthermore, I realize the risks involved to the participant. It will pay, or cover through my insurance, any medical or hospital expenses, doctors bills or other expenses which could be incurred as a result of treatment given to the previously-named participant for illness or injury while attending or subsequent to attending the WSC Athletic Camp. I hereby authorize the athletic training staff of the WSC Athletic Camp, the medical personnel of Wayne Mercy Medical Clinic and Providence Medical Center, and other medical specialists in the Wayne area to act for me according to their best judgment in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

Participant _____ Parent (signature required for all participants) _____ Date _____