



LAKE STEVENS 2017 TEAM CAMP

EWU FOOTBALL CAMP FEATURES

Team Camp for High Schools:

- Individual instruction periods by EWU staff
- Inside run and skelly periods
- Controlled scrimmages
- Seven full fields and six 60+ yard fields
- 15 meeting rooms with video capabilities
- Video towers on every field
- Certified training staff
- Emphasis is on player development and team strategy
- Average of six hours of on-field instruction per day

Individual/Team Camp:

- Individual instruction by EWU staff
- Grades 9-12
- The best college and high school coaches in the NW
- Camp All-Star and Leadership Awards
- Camp T-shirt
- Camp is limited contact with full gear worn for protection
- Average of six hours of on-field instruction per day



Camp 1 - June 21-24
Camp 2 - June 27-30

\$325 per player
Covers Camp & Transportation

Featuring Two-Time Big Sky Coach of the Year
EWU Head Coach Beau Baldwin & his coaching staff

REGISTER @ EWUFOOTBALLCAMPS.COM

Location: Eastern Washington University

Date: June 21st – 24th, 2017

Equipment: All required football gear...this is a padded camp.

Cost: \$325.00
Covers Camp and Transportation Costs
Please make checks out to "Purple & Gold Club"

**Required
Paperwork:** EWU Medical Release Form

Deadline: Deadline to submit check and medical release form to
Coach Tri is June 1st.

Questions: Contact Coach Tri @ 425-280-1159

Eastern Washington University

2017 Football Summer Camp Medical Release and Consent for Treatment



This medical release waiver must be completed and submitted at registration. Medical insurance and the information regarding your health care coverage must be completed on this medical consent and waiver. EWU Camp Programs do not provide medical care coverage.

Camp Name: _____ Camp Date(s): _____

(Please Print or Complete Electronically)

Camper Name (First, Middle, & Last): _____

Birthday: _____ Age: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian - Emergency Contact: _____ Relation: _____

Home Telephone Number: (_____) _____ -- _____ Work Telephone Number: (_____) _____ -- _____

Cell Telephone Number: (_____) _____ -- _____

Alternative Emergency Contact Name: _____ Relation: _____

Alternative Telephone Number: (_____) _____ -- _____

Insurance Provider's Name: _____

Policy/Identification Number: _____

Subscriber's Name: _____

Provider's Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: I hereby give my permission for the Eastern Washington University Admissions Office to contact my child regarding information about attending Eastern Washington University. Yes: _____ No: _____ Signature: _____

Pre-Existing Medical Conditions (Include allergy, medication, and special dietary information)

A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD IS REQUIRED, PLEASE PLACE COPY IN BOXES PROVIDED BELOW

FRONT COPY OF CARD

PLEASE SCAN AND PLACE HERE
DO NOT STAPLE!
TAPE AROUND EDGES
DO NOT ATTACH COPY ON SEPARATE
PIECE OF PAPER
COPY OF CARD MUST BE PLACED HERE

BACK COPY OF CARD

PLEASE SCAN AND PLACE HERE
DO NOT STAPLE!
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I hereby authorize the Camp Director, EWU, its staff or agents to administer emergency medical treatment to my child, for any injury or other medical emergency while attending EWU summer camp. This consent also extends the right to EWU, its staff or agents, to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve life or well-being. I hereby release, hold harmless and indemnify the State of Washington, EWU, its staff or agents for any injury or damage related to administration of emergency medical care as authorized herein.

I know of no medical or physical problems which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or other charges in connection with his attendance at camps held at Eastern Washington University.

Parent/Guardian Signature: _____ Date: _____