

WAYNE STATE COLLEGE TEAM CAMP

Varsity / Junior Varsity
 Team Camp
 June 12th & 13th
 Due by May 22nd



Features:

- *5 games guaranteed
- *T-shirts to all participants
- *All-Tournament Team
- *Instruction by WSC players & coaches

Fees:

- \$80 for resident (overnight, meals)
- \$60 for commuter (no meals)

Please Detach Here

2009 WSC Team Camp

Return Form To: Mitch BeBoer, Wayne State College, 1111 Main Street, Wayne, NE 68787

Name _____ Birthdate ____/____/____ Grade Entering _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone Number (____) _____ School _____
 Shirt Size (circle one) S M L XL XXL Height _____ Position (s) Played _____
 Father's Name _____ Work phone number (____) _____
 Mother's Name _____ Work phone number (____) _____
 In Case of Emergency contact _____ Phone Number(____) _____

Please Check One: _____ \$80 for resident (overnight, meals)
 _____ \$60 for commuter (no meals)

**** Make Checks
 Payable to Wayne
 State College**

Medical History:

Birth Deformities _____
 Medical conditions currently under treatment/Medical disorders _____
 Preexisting injuries under treatment _____
 Fractures or other disability-type injuries _____
 Allergies (drugs, 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 responsibility for loss of personal property. Furthermore, I realize the risks involved to the participant. I will pay, or cover through my insurance, any medical or hospital expenses, doctor 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 the camp.

Participant _____

Parent /Guardian (signature required for all participants) _____

Date _____