

WAYNE STATE FOOTBALL TOP CATS CAMP



CAMP DATE

Saturday June 30th

REGISTRATION INFORMATION

Registration is due by Monday June 25th
Register Online at www.wscfootballcamps.com

For more information, please contact:

Scott McLaughlin : (402) 375-7719

scmclau1@wsc.edu

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

8:00 AM-9:00 AM- Registration at Memorial Stadium

9:00 AM-9:15 AM- Introductions

9:15 AM- 9:45 AM-Stretch

9:45 AM-11:15 AM- Performance Testing Instruction

11:15 AM-12:00 PM- Position Drills

12:00 PM-12:50 PM- Lunch Break -WSC Cafeteria

1:00 PM-Stretch

1:30 PM- 2:15 PM Position Drills

2:15 PM- Competition Drills- 1on1s

3:15 PM- Recruiting Tour for Juniors/Seniors

CAMP COSTS

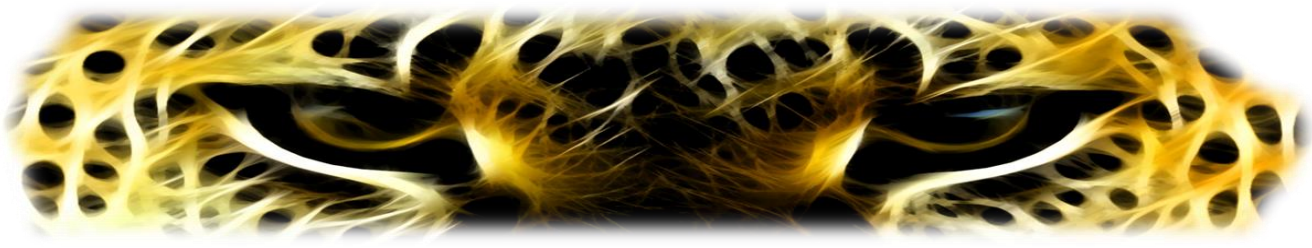
\$65 Per Camper

INCLUDES:

- Individual instruction from WSC coaching staff and players
- Competition Drills
- Performance Testing
- Camp T-Shirt
- Lunch in the WSC cafeteria

•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 _____

Birthdate ___/___/___

Height _____ Weight _____

Father's Name _____

(_____) _____

Mother's Name _____

(_____) _____

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

TOP CATS CAMP COST (\$65)

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: Scott McLaughlin
1111 Main Street
Wayne, NE 68787

*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

