

WINONA STATE UNIVERSITY GREATER CHICAGO AREA 2010

Who Can Attend?

Open to all athletes entering 9th-12th grade.

What Are the Camp Rates?

\$60 per Athlete

Where Do I Send My Application?

Winona State Football Camp/GCA
Attn: Bruce Carpenter
P.O. Box 5838
Winona State University
Winona, MN 55987

What Should I Bring?

- Running shoes
- Football cleats for practice
- T-shirt and shorts

WSU Athletic Training Staff available at all times during camp hours

For More Information
Contact Bruce Carpenter at
(507) 457-5694
bcarpenter@winona.edu

Schedule

1:00-1:45 p.m.	Registration, Vernon Hills Youth Football Facility (Runs next to Vernon Hills H.S. Sports Complex)
1:45 p.m.	Welcome
2:00 p.m.	Campers to Field Session I -Warm-up instruction -Warm-up -Skills instruction -Skills (40 yd, Pro Agility, Vertical jump and broad jump)
4:00 p.m.	Meal -Coach Sawyer -Q&A with Coach Sawyer and rest of WSU football staff
5:00 p.m.	Warm-up
5:15 p.m.	Session II -Offensive drills -Defensive drills -Warrior ball
7:30 p.m.	Closing Remarks

The camp registration will take place at:
740 Corporate Woods Pkwy
Vernon Hills, Il. 60061



Medical History:

Birth Deformities (one eye, one kidney, etc.) _____
 Medical Conditions currently under treatment _____
 Pre-existing injuries under treatment _____
 Fractures or other disability-type injuries _____
 Allergies (drug, food, asthma, etc.) _____
 Medical disorders or convulsions _____

I understand that the WSU Athletic Camp and instructors will not be held responsible for injuries or loss of property while the previously-named participant is attending the camp. I do hereby release the State of Minnesota, Winona State University, Vernon Hills Youth Football, its officers, agents and employees from all liability, including claims and suits in law or equity for any injury - fatal or otherwise. The signature below absolves the WSU 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-mentioned participant for illness or injury while attending or subsequent to attending the WSU Athletic Camp. I hereby authorize the staff of the WSU Athletic Camp 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* _____

Date _____

PERSONAL INFORMATION

Name _____
 Home Phone (_____) _____
 Cell Phone (_____) _____
 Mailing Address _____
 Email Address _____
 City _____ State _____ Zip _____
 High School _____
 H.S. Coach _____
 Grade (2010-2011 School Year) _____
 Shirt Size M L XL XXL
 Birthdate ___/___/___
 Height _____ Weight _____
 Position(s) Off: _____ Def: _____
 Father's Name _____
 Work Phone (_____) _____
 Mother's Name _____
 Work Phone (_____) _____

CAMP COSTS

Make Checks Payable to: Warrior Football

Winona State Football Camp Greater Chicago Area
June 19th

Registration \$60

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

Bruce Carpenter
Winona State University
Pressbox 203
P.O. Box 5838
Winona, MN 55987

Phone: (507) 457-5694
Email: bcarpenter@winona.edu

Online registration:
www.warriorfootballcamps.com

Winona State University
WSU One-Day Camps
P.O. Box 5838
Winona, MN 55987



**WINONA STATE
UNIVERSITY**

**FOOTBALL CAMP
GREATER CHICAGO
AREA**

IN VERNON HILLS



JUNE 19, 2010

FOR HIGH SCHOOL PLAYERS
(ENTERING GRADES 9-12)