

## PERSONAL INFORMATION

Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School \_\_\_\_\_

H.S. Coach \_\_\_\_\_

Grade Entering \_\_\_\_\_

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 Millwaukee Area

June 24th

Registration \$50

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

David Braun: Warrior Football  
Winona State University  
Pressbox 204  
P.O. Box 5838 Winona, MN 55987

Phone: (507) 457-2918

Email: [debraun8913@winona.edu](mailto:debraun8913@winona.edu)

Online registration:

[www.warriorfootballcamps.com](http://www.warriorfootballcamps.com)

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



# WINONA STATE FOOTBALL CAMP

## GREATER MILLWAUKEE AREA

at Kettle Moraine High School



## JUNE 24TH, 2009

### For High School Players (Entering Grades 9-12)

For more information go to  
[www.winona.edu/athletics](http://www.winona.edu/athletics)



# WINONA STATE UNIVERSITY GREATER MILWAUKEE AREA 2009

## Who Can Attend?

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

## What Are the Camp Rates?

\$50 per Athlete

## Where do I Send My Application?

Winona State Football Camp/GMA  
Attn: David Braun  
Winona State University  
P.O. Box 5838  
Winona, MN 55987

## What Should I Bring?

- \* Running Shoes
- \* Football Cleats for Practice
- \* T-Shirt and shorts

Athletic Training Staff available at all times during camp hours

For More Information-  
Contact David Braun at  
(507) 457-2918 / (507) 459-0603  
Debraun8913@winona.edu

## Schedule

1:00-1:45 p.m.	Registration, KM Auditorium
1:45 p.m.	Welcome Meet the WSU Coaching Staff
2:00 p.m.	Campers to Field Session I * Warm-up Instruction * Warm-up * Testing Instructions * Testing 40 yrd, Pro Agility, Vertical Jump, Broad Jump
4:00 p.m.	Meal * Coach Sawyer * Q & A with Coach Sawyer and rest of WSU staff
5:00 p.m. 5:15 p.m.	Warm-up Session II * Offensive Drills * Defensive Drills * Warrior Ball
7:30 p.m.	Closing Remarks



## 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, its officers, agents and employees and the Kettle Moraine School District 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 \_\_\_\_\_