

Personal Contact

First Name: _____ Last Name: _____
 High School: _____ Grade: _____
 Cell Phone: _____
 Email: _____
 Home Address: _____
 City: _____
 State: _____ Zip: _____ Birthdate: ____/____/____
 Father's Name: _____
 Father's Phone #: _____
 Mother's Name: _____
 Mother's Phone #: _____
 Insurance Company: _____
 Group #: _____
 Offensive Position: _____ Defensive Position: _____
 T-Shirt Size: S / M / L / XL / XXL / XXXL
 Roommate Preference: _____

Camp Registration

Make checks payable to: "Warrior Football Camps"
 (Check ALL that apply)

Winona Day Camp _____ [] \$50.00

Morrie Miller Youth Camp Pre-Registered _____ [] \$25.00
 Morrie Miller Youth Camp Walk-Up _____ [] \$30.00

Team Camp Resident _____ [] \$190.00
 Team Camp Commuter _____ [] \$130.00
 Team Camp 1 Day _____ [] \$50.00
 Need to Rent Equipment _____ [] \$30.00

Amount Enclosed: _____
 [] Full Amount Enclosed: _____

Camp Refund Policy
 - Cancel prior to start of camp - 50% Refund (Food & Planning Charges are incurred prior to start of camp)

2021 SCHEDULE

<u>DATE</u>	<u>OPPONENT</u>
September 2	Concordia
September 11	Moorhead
September 18	Duluth
September 25	Mary
October 2	Wayne State
October 9	Northern State
October 16	Southwest
October 23	Sioux Falls
October 30	Augustana
November 6	Upper Iowa
November 13	Mankato

*Home // Purple
 * Away // Black

For More Information Contact

Cameron Keller
 Warrior Football Camps
 P.O. Box 5838
 Winona, MN 55987
 Email: ckeller@winona.edu
 Cell #: 719-244-6631

ON-LINE Registration
www.warriorfootballcamps.com



WINONA STATE WARRIOR FOOTBALL CAMPS



2021 CAMPS

June 17	Winona Day Camp	Gr. 9-12
July 12, 19	Winona Day Camp	Gr. 9-12
July 14-16	Team Camp	Gr. 9-12
Aug 2-4	Winona Youth Camp	Gr. 2-8

HEAD FOOTBALL COACH TOM SAWYER



"The Winona State Football Family invites you to discover the "Warrior Way"! Let us teach you the skills needed to enhance your team. We cannot wait to work with you and your teammates."

WHAT TO BRING TO CAMP

Individual Camps:

HALF PADS. (Helmet and shoulder pads) T-shirt, shorts, jersey, cleats, tennis shoes, mouth guard, and water bottle.

Team Campers:

FULL PADS. (Helmet, shoulder pads, & pants) T-shirt, shorts, jersey, cleats, tennis shoes, mouth guard, and water bottle. Each team will be responsible for their own footballs.

Youth Camp:

T-shirt, shorts, cleats/tennis shoes, and a water bottle.

All High school level campers MUST HAVE the following documentation:

- **Proof of insurance (copy front AND back)**
- **Signed Release (in the brochure)**

REGISTER ONLINE

www.warriorfootballcamps.com

WINONA INDIVIDUAL CAMPS

Grades 9-12 June 17, July 12, July 19

Cost: \$50.00

Check-In: 8:30am @ Altra Federal Credit Union Stadium

Camp Times: 9:00am - 12:00pm

Includes: Our individual camp includes individual instruction from the Warrior coaching staff. A competition period to show your stuff against other high school competition. The camp will include beneficial information on the recruiting process and NCAA guidelines. You will learn about the "Winona Advantage" from WSU coaches and support staff. THIS IS A PADDED CAMP (Half Pads)

TEAM CAMP

Session #1 Grades 9-12 July 14-16

Resident Cost: \$190.00

Commuter Cost: \$130.00

1 Day Option (Teams Only): \$50

Check-In: (Day 1) 11:00am-1:00pm @ Kryzsko Commons

Check-Out: (Day 3) 11:00pm-1:00pm @ Prentiss-Lucas Dorms

Includes: The 14h annual Warrior Football Camps will provide you with 3 days of training, skill development, and competition. You will take part in 8 practices including multiple scrimmages versus other high school opponents. Most campers come as part of a team, but we are also open to individual campers that are split up and put into all-star teams coached by WSU camp staff. THIS IS A PADDED CAMP (Full Pads)

MORRIE MILLER YOUTH CAMP

Grades 2-8 Aug 2-4

Pre-Register Cost: \$25.00

Walk-Up Cost: \$30.00

Camp Times: Camp runs from 10:00am-Noon daily @ Altra Federal Credit Union Stadium

Includes: Camp is organized and coached by the Warrior Football staff and players. Our mission is to have Winona State players teach young athletes the fundamentals of football, while providing a fun and competitive learning environment. All camp proceeds go to the WSU Football Fund that aids in travel and equipment needs.

Medical History / Parent Release & Acknowledgement

Birth Defects (i.e., 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 wish to register my minor child named on this form and consent to my child's participation in the summer sports camp and/or leagues sponsored by the Department of Intercollegiate Athletics of Winona State University during the summer of 2021.

I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child.

I understand that children registered for WSU Athletics summer sport camps and/or leagues will receive instruction in the basic principals of the sport of their choosing and will spend significant amount of time practicing and performing sporting techniques and/or researching and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program.

I consent to the transporting of my child in University vehicles to and from various locations on campus and in the Winona area for recreational and instructional activities.

I consent to the use of video recordings and photographs of my child's participation in WSU Athletics summer sports camp, league programs, and future camp promotions.

I certify that my child had no medical condition or impairment, including the use of medication, that might inhibit his or her participation.

RELEASE OF LIABILITY

I, the undersigned, hereby agree to indemnify and hold Winona State University harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in the summer sports camps and/or leagues at the Department of Intercollegiate Athletics, Winona State University. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above, which might incur.

Parent/Guardian Signature

Print Parent/Guardian Name

*I understand that if my child is diagnosed with a concussion or concussion like symptoms at a Winona State University Athletic Camp, they will no longer be allowed to participate at camp. As a parent/legal guardian I must make arrangements to remove the child from camp as soon as I have been notified of my child's conditions.

Please Check [] Initial _____ Date _____