



# Augustana Football Camp

June 14, 2013 @ Augustana College

June 15, 2013 @ Naperville North High School

For additional information, please contact Recruiting Coordinator, Mark Reade—markreade@augustana.edu 309.794.7597

## REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Position: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent's Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Select Camp:

\_\_\_\_\_ June 14<sup>h</sup> 9:30am—Noon @ Augustana College  
Lunch/Tour after camp (circle one)? Yes No  
If Yes, How many for Lunch? \_\_\_\_\_  
\_\_\_\_\_ June 15th 9:30-noon @ Naperville North HS

### THIS SIGNED DOCUMENT MUST BE COMPLETED AND RETURNED TO PARTICIPATE

In consideration of being permitted to participate in the Augustana College football camp, I (Participant) \_\_\_\_\_ hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport of football and am aware of the potential for injury while participating. I release Augustana College and all employees of the football camp from all liability for personal injuries or property damage that results from causes beyond the control of, and without the fault or negligence of Augustana College its employees and officers.

I certify that \_\_\_\_\_ has my permission to participate in the Augustana Football Camp with my full knowledge that he is covered by the personal or family medical insurance plan listed below. In case of injury or emergency incurred at the camp, I also grant officials of the Augustana Football Camp permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the Augustana Football Camp and other staff members from any liability for injuries while at camp. In addition, I certify that my son is not ingesting any sports performance supplements.

Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### What to Bring:

Running Shoes and Cleats, T-Shirt and Shorts,  
Mouthpiece, Helmet and Shoulder Pads \*  
(Skill players can bring their own football)

Trainer will be on site - Locker room available

\* Please see your HS coach for equipment

Please Make \$20 Check Payable to:  
**Augustana Football Camp**

Mail Registration to:

Rob Cushman, Head Football Coach  
Augustana College - 639 38<sup>th</sup> Street  
Rock Island, IL 61201