



1500 North Warner #1044
 Tacoma, WA 98416-1044
ATTENTION: FOOTBALL COACHES
LOGGER FOOTBALL CAMP



24th ANNUAL
UNIVERSITY
of
PUGET SOUND
TEAM FOOTBALL CAMP

July 12 – 16, 2009

High School Eligible (9-12)
 Overnight or Day Camp Option
 Team Roster Deadline – June 30

Camp Overview

The Logger Football Camp is a full contact TEAM CAMP. Camp participants must be affiliated with an attending team. This is not an individual camp. Camp is designed to develop the individual player as well as the team, through position specific instruction and team practice time. Individual instruction will be provided by your child's high school football coaching staff. This will allow him/her to become familiar with their offensive and defensive systems and coaches. Each player will be individually coached, and the instructor will ensure that everyone gets the coaching necessary to become a better football player.

Followed by an individual skill session, each team will have a "team session." The "team crossover period" provides an opportunity to work on offensive and defensive schemes and to compete with other camp teams.

The Logger Football camp is designed to give teams a chance to sharpen their football skills, build team chemistry for the 2009 football season, and make great memories that will last a lifetime.

All Campers need to be team-affiliated and must arrive at UPS camp on Sunday, July 12th by 1:00pm.

Insurance

Campers must provide their own medical insurance. The camp has Certified Athletic Trainers on duty all times during camp sessions and passing league contests. The camp assumes no responsibilities for accidents or illness.

Camp Information & Cost

- Each school must provide a \$200 damage deposit that is refundable at the conclusion of camp.
- There will be two contact practice sessions a day, held on UPS grounds. Certified Athletic Trainers will be in attendance at each practice.
- Athletes will be hosted in UPS dormitories and all meals will be prepared by UPS Food Service.
- Commuter/Day Campers will receive one meal on Sunday & two meals on Monday – Wednesday.
- Camp will conclude on Thursday morning with a jamboree scrimmage format.
- Each Participant must provide evidence of a current physical examination prior to participation.
- Automobiles may be kept on campus during the camp, but all keys will be held by the camp director during camp.
- Resident campers may not leave the camp at any time except by permission of the camp director and the camper's head coach.
- Players are urged to provide their own pads. If necessary, UPS will supply equipment at an additional cost.

Resident Camper Full Fee	\$320.00
Commuter/Day Camper	\$205.00
Equipment Rental (All Gear)	\$50.00

• **MONEY ORDERS PREFERRED**

Daily Schedule

- 7:00 Wake Up
- 7:15 Breakfast
- 8:30 Training Room Opens
- 9:00 Team Stretch & Warm-Up
- 9:10 Camp Meeting
- 9:20 Individual Period
- 10:20 Break
- 10:30 Team Period
- 11:30 Practice Ends
- 11:45 Lunch
- 1:30 Training Room Opens
- 2:00 Team Stretch & Warm-up
- 2:10 Camp Meeting
- 2:20 Individual Period
- 3:20 Break
- 3:30 Team Period
- 4:30 Practice Ends
- 4:45 Dinner
- 6:30 Passing League/Team Building Activity
- 10:30 Lights Out

What to Bring to Camp

- T-shirts
- Footballs for QB's
- Shorts
- Sleeping bag/Bedding
- Socks
- Pillow
- Sweats
- Alarm Clock
- Spending money
- Toiletries
- Tennis shoes
- Towels

Equipment

- Pants
- Helmet & Chin Strap
- Belt
- Mouthpiece
- Knee Pads
- Shoulder Pads
- Thigh Pads
- Jersey
- Football Cleats
- Girdle w/pads

Participant Information

Coaches Team Roster Deadline: June 30, 2009
PAYMENT: Please detach and pay \$100 deposit with balance paid at registration:

**University of Puget Sound
 Football Office
 1500 North Warner #1044
 Tacoma, WA 98416-1044**

Please Fill In All Information Requested

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Contact Phone: _____

School: _____

2009 FR SO JR SR GPA: _____ SAT: _____
 (CIRCLE ONE)

I MAY BE INTERESTED IN PLAYING FOOTBALL AND ATTENDING COLLEGE AT PUGET SOUND
YES NO
 (CIRCLE ONE)

Cancellations/Fees

Full refunds will be given if the camp director is notified by Friday, July 3. From July 3 until registration, there will be a \$50 penalty on all refunds. After registration on the 12th, there will be no refunds. Camper fees cannot be prorated by day. There are only two payment options (day/overnight) regardless of the number of sessions participated.

Medical Release for University of Puget Sound Team Football Camp

WARNING- NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL. Do not use your helmet to butt, ram or spear an opposing player. This is a violation of the football rules and such use can result in severe head, brain or neck injury, paralysis or death to you and possible injury to your opponent. There is a risk these injuries may also occur as a result of accidental contact without the intent to butt, ram, or spear.
NO HELMET CAN PREVENT ALL SUCH INJURIES.

I, the undersigned parent/guardian of _____, a minor, do hereby authorize the directors, staff and medical staff of the University of Puget Sound Team Football Camp or their designee to act for me according to their best judgment in any emergency requiring medical attention, and to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event that such treatment becomes necessary as a result of participation in the UPS Team Football Camp.

I will be responsible for any medical or other charges in connection with her/his participation at camp. I understand the above named camper will be involved in strenuous physical activity. I hereby grant permission for the above named camper to participate in all camp activities.

I understand participation can result in injury, including, but not limited to catastrophic injury, death, paralysis, injury to virtually all bones, joints, ligaments, muscles, and tendons and serious injury or impairment to other aspects of the body. I hereby assume all risks associated with participation and agree to unconditionally release the University of Puget Sound, its coaches, staff, athletic trainers, and their employees from any and all liability. If a serious injury or medical condition should occur in conjunction with participation in the UPS Team Football Camp, the medical and/or coaching staffs will attempt to contact a parent or guardian. In the event immediate contact cannot be established, the following statements are provided for your authorization/permission. If you do not wish to provide this authorization, please attach a separate piece of paper explaining what exact procedure you wish to be followed.

I/We authorize the camp staff at the University of Puget Sound to render any first aid or preventative, rehabilitative or emergency treatment deemed reasonably necessary to the health and well-being of the above named camper.

I/We additionally grant permission for hospitalization treatment at an accredited facility, when it is necessary to protect the health and well-being of the above named camper, in the judgment of the camp staff.

Please note any medical conditions, medications taken, or allergies:

I verify that my son/daughter has completed a medical examination by a physician appropriate for participation in tackle football activities. I have no knowledge of any physical impairment that would prohibit the above named camper's participation in the University of Puget Sound Team Football Camp.

Parent's signature: _____ Date: _____

Medical Insurance Company Name and Phone Number:

_____ () _____

Name of Policy Holder _____ Policy # _____

Policy Holder Date of Birth ____/____/____ Emergency Contact _____

Emergency Phone (W) _____ (H) _____ (Cell) _____

Secondary Emerg. Contact _____ Secondary Contact Phone _____