WESTERN OREGON UNIVERSITY FOOTBALL
ATTN: WOU TEAM CAMP/KONNIE SAYERS
345 N. MONMOUTH AVE.
MONMOUTH, OR 97361
Phone: 503-838-8516
Fax: 503-838-8090
E-mail: manningj@wou.edu

WOU COACHING STAFF

Arne Ferguson- Head Coach
   Defensive Coordinator

Josh Manning- Camp Director
   Tight Ends Coach

Matt Overlin- Camp Director
   Defensive Backs Coach

Ryan O’Malley- Offensive Coordinator
   Quarterbacks Coach

John Bartlett- Wide Receivers Coach
   Western Oregon University

Brian Harris- Offensive Line Coach
   Western Oregon University

Robert Werder- Defensive Line Coach
   Western Oregon University

Cody Feakin- Assistant Offensive Line Coach
   Western Oregon University

Miguel Gonzalez- Assistant Def Backs Coach
   Western Oregon University

TYPICAL DAILY SCHEDULE

8:00 Breakfast
9:00 Practice #1
12:30 Lunch
2:00 Practice #2
4:45 Dinner
7:00 7 on 7/OL-DL Work
8:30 Free Time
11:00 Lights Out

FOR REGISTRATION FORMS OR MORE INFORMATION:
www.wouwolves.com/fb/teamcamp
Or Email
manningj@wou.edu

Western Oregon University
Football Team Camp

2010

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June 27th-30th, 2010
CAMP REGISTRATION FORM

Camp Session & Fees: (Check One) □ Session 1 (6/27-6/30)

(Check One) □ Overnight Camper $240 (After 6/1 $260) □ Commuter Camper $190 (After 6/1 $200)

Name___________________________________________ Phone Number____________________________

Address_________________________________________ City_________________________ State________________

Zip________________ School_________________ Grade entering Fall 2009________Email___________________________

Birthday_____/______/______ Height_______ Weight________ Off. Position_______ Def. Position__________

I would like to room with (Full Name)____________________________________ Shirt Size______________

Medical Insurance Company____________________________  Policy Number_____________________________________

Emergency Contact Person_____________________________ Relation to Participant_______________________________

Allergies or Chronic Conditions_________________________ Reg. Medication____________________________________

Waiver & Release of Liability and Consent for Medical Care & Treatment

In consideration of being allowed to participate in any way in the WOU Team Camp and related events and activities, the under-signed:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he should immediately advise his supervisor of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue the WOU Team Camp from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

5. Authorize all medical, surgical diagnostic and hospital procedures as may be performed or presented by a physician for the above said participant if I cannot be reached in case of emergency.

I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND THERFORE; VOLUNTARILY UNDERSTAND THAT I / WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW. I / WE ALSO UNDERSTAND THAT THE WOU CAMP MAY TAKE PHOTOGRAPHS OF PARTICIPANTS & ACTIVITIES OF THE WOU CAMP AND MAY USE SUCH PHOTOGRAPHS RELATING TO PROMOTION OF FUTURE WOU CAMPS.

Participant Signature____________________  Parent/Guardian Signature____________________

Date_________________________________  Date________________________________________