

## 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
- Todd Smith**- Assistant Defensive Backs Coach  
Western Oregon University
- Brett Rhodes**- Assistant Offensive Line Coach  
Western Oregon University
- Cody Feakin**- Assistant Offensive Line Coach  
Western Oregon University
- Robert Werder**- Assistant Defensive Line 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](http://www.wouwolves.com/fb/teamcamp)

Or Email

[manningj@wou.edu](mailto:manningj@wou.edu)



WESTERN OREGON  
UNIVERSITY

WESTERN OREGON UNIVERSITY FOOTBALL

ATTN: WOU TEAM CAMP

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**2009**

**Western Oregon**

**University**

**Football Team**

**Camp**

**June 21-24, 2009**

**July 26-29 2009**





# CAMP REGISTRATION FORM



**Who Should Attend?**

Team and individual players entering the grades 9-12 in 2009-2010.

**Where is the camp located?**

The camp will be held at Western Oregon University in Monmouth, Oregon. Located a little more than an hour south of Portland and a half hour north of Corvallis. A map is available by going to the team camp website.

**When and where should I report to camp?**

Check in will be on the first day of each camp. Time TBA. Check in will be located in the front doors of Heritage Hall. Early check in accommodations are available upon request and there will be an extra fee.

**What to bring?**

Helmet, Shoulder Pads, Mouth Piece Protector, Cleats, Football Pants, Girdle with thigh, hip, tail, knee pads, belt, jersey, and T-Shirts. Also bring bedding and bathroom supplies if you are an overnight camper. Additional items to bring include shirts, shorts, socks, spending money, alarm clock, and tennis shoes.

**Will I need a physical?**

All players need to have an updated physical on file with the "WOU Team Camp," a physical from within the last year (from date of camp). High school activity physicals are acceptable. You can turn in a copy with registration form or bring a copy with you to camp.

**Where will I stay?**

Overnight campers will stay on campus in the dormitories with a full compliment of buffet style meals on campus. A security deposit of \$40 will be required at check in for a key deposit. Commuter Campers will be provided with lunch and dinner only during camp.

**Camp Fees and Registration Forms?**

Total cost for early registration is for residential campers is \$240. Early registration must be received by June 1st 2009. Cost after June 1st is \$260. This cost covers registration, housing, all meals, and a t-shirt. Total cost for commuter campers is \$190. Cost after June 1st \$200. This covers registration, lunch/dinner, and a t-shirt. Camp enrollment is limited and early registration is recommended. **No refunds after June 11th, 2009.** Discounts will be available to large groups. Please make check payable to WOU Football Team Camp.

**Team Discount Rates:**

- 50 or more players: \$225
- 40-50 players: \$230
- 30-40 players: \$235

Camp Session & Fees: **(Check One)**  Session 1 (6/21-6/24)  Session 2 (7/26-7/29)  
**(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 \_\_\_\_\_

Emergency Contact Phone Daytime Phone # \_\_\_\_\_ Evening Phone# \_\_\_\_\_

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 undersigned:

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 THEREFORE; 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 \_\_\_\_\_