

## Waiver Form

I wish to participate in the West Chester University ("WCU") Summer Camp Program.

I am informed that the activities are conducted by individuals who may be University employees or by individuals who volunteer their services to the program. I recognize that risk of accident and/or injury are possible consequences of participation in any activity, and that no amount of reasonable instruction and supervision will prevent every and all type of injury. I also realize and understand that severe injuries are possible. I appreciate the character of the risks involved and I voluntarily assume all risk of injury. I have carefully considered how the possible consequences of injury may impact my life, and choose to accept this risk and to participate in the designated activities.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of WCU, the Pennsylvania State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials or agents of any and all of the foregoing, pertaining or related to, or arising from, in any manner, injuries to my person as a result of participation in this activity.

West Chester University strongly recommends that valuable personal items not be brought to any WCU camp or on any field trip associated with a camp. The University hereby disclaims any liability or responsibility in the event a personal item is lost, stolen, or damaged. By participating in a University camp or any field trip associated with a camp, you hereby waive, release and acquit the University from any liability, claim or responsibility of whatever nature arising out of the loss of or damage to any personal property.

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Medical Information

Please list any pertinent medical information of which our staff should have knowledge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization to consent to medical treatment for a minor

I, \_\_\_\_\_ (parent/guardian name), state that I am the natural parent and/or have legal custody of (child's name) \_\_\_\_\_. I authorize (head coach/camp director) to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful. This consent form is granted for the period of \_\_\_\_\_.

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

Signature \_\_\_\_\_

## West Chester University of Pennsylvania

# GOLDEN RAM FOOTBALL

## Rising Senior Prospect Camp

**SUNDAY, MAY 31**

*(Registration begins at 9:00 AM)*

*For Rising High School Seniors*

*\*Each player must complete the registration and waiver form\**



*e-mail: ramcamps@wcupa.edu*

# WCU RISING SENIOR PROSPECT CAMP

## Camp Schedule

The West Chester University Football Staff is pleased to announce its first rising senior prospect camp.

The 2009 Rising Senior Prospect Camp will be held on Sunday, May 31 at West Chester University's South Campus Athletic Fields. The camp will begin at 9:00 AM and finish around 1:15 PM.

Please feel free to contact us with any concerns at (610) 436-3527.

Sincerely,

**Mike Lux**

Assistant Football Coach &  
Camp Director

9:00 AM – **REGISTRATION**  
(Sturzebecker Health Sciences Center)

9:30 AM – **PLAYERS MEETING**  
(Sturzebecker Health Sciences Center)

### **CAMP SCHEDULE**

9:40 AM - Group Meetings  
9:50 AM - Group Stretch  
10:00 AM - Speed & Agility Stations  
11:00 AM - Offensive Stations  
11:45 AM - Defensive Stations  
12:30 PM - Group Stations/Challenges  
1:15 PM - Camp Ends

## **Questions???**

**Contact Mike Lux**  
**Office: 610-436-3527**

**Email: [mlux@wcupa.edu](mailto:mlux@wcupa.edu)**

## **West Chester University** **Rising Senior Prospect Camp**

Bill Zwaan - Head Coach  
Mike Lux- Tournament Director  
Office: 610-436-3527  
E-Mail: [mlux@wcupa.edu](mailto:mlux@wcupa.edu)

Name \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Grade entering Fall 2009 \_\_\_\_\_

Adult T-Shirt Size S M L XL XXL

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

Home Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## **Registration**

***Make checks payable to:***  
**WCU Football Camp 4500-209**

**Tuition (pre-registration) \$35**

**Tuition (Day of Camp Registration) \$45**

### **Credit Card Payments**

(Check One) Visa \_\_\_ Amex \_\_\_ MC \_\_\_

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

### **WCU Office Use Only**

Amount Paid \_\_\_\_\_

Fund #1000 Prog - Wk Org 4500-209

JT#49199