

2010 IOWA ALL SPORTS SPEED AND STRENGTH CAMP

WHO

All Athletes: Grade 7-12
(Male & Female)

WHERE

Hayden Fry Football Complex
The University of Iowa
Iowa City, Iowa

WHEN

Saturday, April 24, 2010

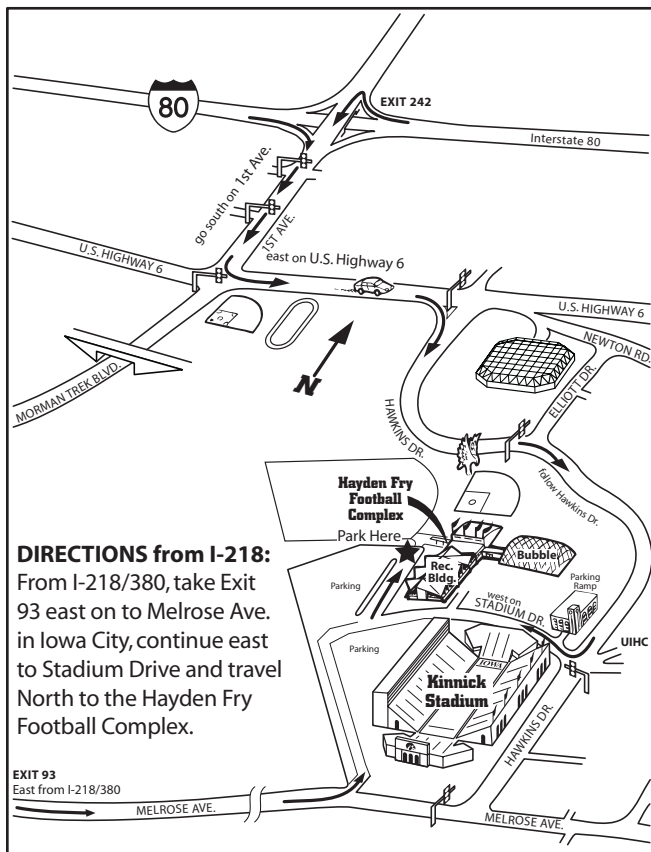
COST

Athletes-Pre-Register
\$50 (No Refunds)

Prefer pre-registration, but will accept Walk-Ups with full payment plus both sides of Application/Release of Liability Form filled out and signed by a Parent/Guardian.

DIRECTIONS from I-80:

From I-80, take Exit 242 south on to First Ave. in Coralville then go East on U.S. Highway 6 to Hawkins Drive. Take Hawkins Dr. to Stadium Drive and travel West to the Hayden Fry Football Complex.



DIRECTIONS from I-218:

From I-218/380, take Exit 93 east on to Melrose Ave. in Iowa City, continue east to Stadium Drive and travel North to the Hayden Fry Football Complex.

HOTEL ACCOMODATIONS

Heartland Inn (319) 351-8132
87 2nd St., Coralville, IA

Cantebury Inn (319) 351-0400
I-80, Exit 242, Coralville, IA

Super 8 (319) 337-8388
611 1st Ave., Coralville, IA

Release of Liability, Medical & Media Authorization Form

**Release Form must be signed by camper parent or legal guardian.
Complete BOTH SIDES of this form.**

In consideration of being permitted to participate in The University of Iowa Sports Camps Program, I hereby release the Board of Regents, State of Iowa; The University of Iowa Sports Camps Program, State of Iowa; and The University of Iowa, their officers, employees, and agents from any and all liability or claims relating to any bodily injury or property damage that may be sustained by the camper while attending and/or being transported to or from The University of Iowa Sports Camp. The University of Iowa will only be responsible for bodily injury or property damage that results from the negligent acts or omission of The University of Iowa, its employees, agents, or officers in conjunction with this program.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the Sports Camp Program. I understand that should an emergency medical problem arise, an attempt will be made to contact me. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of claim. (Each camper must provide his/her own health insurance.)

I hereby give my consent to use the likeness and/or name/identity of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by The University of Iowa to promote or publicize The University of Iowa or The University of Iowa Sports Camps Program.

PARENT OR LEGAL GUARDIAN'S NAME (Please print)

PARENT OR LEGAL GUARDIAN SIGNATURE (**MUST HAVE**)

DATE

CAMPER NAME (Please print)

CAMPER SIGNATURE (If 18 or older)

DATE

INSURANCE COMPANY

INSURANCE COMPANY ADDRESS

POLICY NO.

POLICY HOLDER

2010 APPLICATION FORM

Be sure to fill out both sides of this form!

CAMPER NAME

STREET ADDRESS

CITY, STATE, ZIP

PRIMARY PHONE

SCHOOL (attending currently)

AGE (on April 24, 2010)

GRADE (current grade)

CONTACT NAME IN CASE OF EMERGENCY

EMERGENCY PHONE #

CAMP FEE: \$50 (cash, check, money order or credit card accepted)

Pre-registration must be received no later than April 19, 2010.

Camp Fee is Non-Refundable

Make Checks or Money Orders to: U. of Iowa Athletics

Visa MasterCard Discover

Name on Credit Card:

Card #

Exp. Date

3 digit CID# (back of card)

I authorize the U of Iowa Football Department to charge the credit card noted above for the order placed on this application.

SIGNATURE FOR CREDIT CARD PURCHASE

(Make sure you have Parent or Legal Guardian Signature on Release Form)
Send Application/Release of Liability Form & Payment to:

**U. of Iowa Football Dept.
Speed & Strength Camp
930 Stadium Drive
Iowa City, IA 52241-1186**

For questions contact Terry Armstrong at
319-335-8944 or camps-clinics@hawkeyefootball.com

2010 CAMP ITINERARY

8:30-9:00 a.m.	Check-in
9:00	Welcome
9:15-10:30	<i>SPEED</i>
10:45-12:00	<i>STRENGTH</i>
12:15-1:30 p.m.	<i>CONDITIONING</i>
1:45	Closing Remarks

Dress in shorts, T-shirt & tennis shoes.
Bring bottle of water & sports bag.



**Saturday
April 24, 2010**

9:00 a.m. - 1:45 p.m.