

To be completed by parent or guardian. Please type or print in ink only.  
Be sure to fill in all sections including signatures. This form may be copied for additional applications.

# 2010 IOWA HAWKEYE FOOTBALL CAMP

**JUNE 13, 14, & 15, 2010**

*Padded Football Camp (Grades 9 - 12)*



\_\_\_\_\_  
Last name First name

\_\_\_\_\_  
Home address

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Parent/Guardian's name

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Phone (Emergency) Phone (Cell)

## A MEDICAL RELEASE IS MANDATORY:

A completed and signed medical form must be on file to participate, **NO EXCEPTIONS.** A school physical will be accepted as a medical form, along with our medical form signed by a parent or guardian. The school physical must have been completed within one year of the beginning of camp.

SESSION	DAYS	LODGING	MEALS	PRACTICE	PRICE	TOTAL
Padded/Resident	3 (Sun-Tues)	YES	YES	YES	\$305.00	
Padded/Resident	2 (Mon-Tues)	YES	YES	YES	\$235.00	
Padded/Commuter	3 (Sun-Tues)	NO	YES	YES	\$270.00	
Padded/Commuter	2 (Mon-Tues)	NO	YES	YES	\$185.00	
Padded/Commuter	1 (Mon <input type="checkbox"/> or Tues <input type="checkbox"/> )	NO	YES	YES	\$110.00	

**Due to limited space:**  
All applications must be received  
**no later than June 1, 2010,**  
to guarantee acceptance  
into our camp.

### Helmet & Pads Rental:

Helmet only \$50.00  \_\_\_\_\_

Pads only \$25.00  \_\_\_\_\_

Helmet & Pads \$75.00  \_\_\_\_\_

SUBTOTAL: \_\_\_\_\_

TOTAL:

Please check  
**ONE POSITION ONLY!**

#### OFFENSE

- Quarterback (QB)
- Running Back (RB)
- Receiver (WR)
- Tight End (TE)
- Lineman (OL)

#### DEFENSE

- Linebacker (LB)
- Lineman (DL)
- Back (DB)
- Outside Linebacker (OLB)

## Individual Profile

\_\_\_\_\_  
Height (ft., in.) Weight (lbs.) Age (during camp)

\_\_\_\_\_  
High School Grade (you are entering, Fall 2010)

Roommate Preference - (room mate requests received less than 2 weeks before camp start date may not be possible)

The University of Iowa requests information for the purpose of registration in The University of Iowa Sports Camps programs. No persons outside The University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration.

Payment by: (Check one)  Attached check: Check# \_\_\_\_\_  VISA  MasterCard  Discover

\_\_\_\_\_  
Cardholder's name Cardholder's signature

\_\_\_\_\_  
Acct. # Expiration date (mo./yr.) CW. #

Please send this application and your **non-refundable/non-transferrable \$75.00 deposit** to:

The University of Iowa Sports Camps  
203 Field House  
Iowa City, Iowa 52242-1111.

Apply on-line or access additional information at:  
**www.iowasportscamps.com**



The University of Iowa requests information for the purpose of registration in The University of Iowa Sports Camps programs. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration. The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the Office of Equal Opportunity and Diversity, 319.335.0705.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent or Guardian Signature