

CAMP SCHEDULE



8:00 a.m. **Camp Registration**
at Jacobson Athletic Building

8:30 a.m. - 12:00 p.m. **Camp**

Schedule subject to changes.

COSTS & CANCELLATIONS

CAMP FEE: A \$35.00 camper fee covers instruction and t-shirt. The full fee must accompany the registration form. Checks should be made out to Hawkeye Football.

All cancellations must be received at least twenty days before camp begins. After the deadline, a \$10.00 fee will be deducted for administrative expenses.

ELIGIBILITY

In accordance with the NCAA, an athlete who has enough preparatory education to be academically eligible to enter college in the fall of 2012 will **NOT** be permitted to attend.

WHAT YOU SHOULD BRING

Participants should bring workout gear consisting of:

- NOCSAE-APPROVED football helmet
- NOCSAE-APPROVED shoulder pads
- football cleats
- tennis shoes
- gym shorts, t-shirt, and socks.

If this is not possible, rental prices are listed below.

Football Gear Rental Cost

- \$20.00 (Helmet & Shoulder Pads)
- \$10.00 (Shoulder Pads)
- \$10.00 (Helmet)

Please include this extra charge for rented equipment with your registration fee.

FACILITIES

The University of Iowa has one of the finest sports complexes in the nation. All campers will utilize the same facilities used by the football team.

RULES & REGULATIONS

All individuals enrolled are required to comply with the rules and regulations of The University of Iowa and the Sports Camps. Any serious violation of these rules and regulations will cause immediate dismissal from the camp.

The University of Iowa prohibits discrimination in employment or in its educational programs 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 on nondiscrimination policies, contact the Coordinator of Title IX, Section 504, and the ADA in the Office of Affirmative Action, telephone 319/335-0705 (voice) or 319/335-0697 (text), 202 Jessup Hall, The University of Iowa, Iowa City, Iowa 52242-1316.

Individuals with disabilities are encouraged to attend all University of Iowa-sponsored events. If you are a person with a disability who requires an accommodation in order to participate in this program, please contact the sponsoring department in advance at 319/335-7961.

9th & 10th GRADE - IOWA HAWKEYE 1 DAY FOOTBALL CAMPS FORM

Please check which session you will be attending:

JUNE 9

- Helmet & Shoulder Pads***
OL, DL, TE, RB, LB
- Helmet***
QB, REC, DB

**Pending your High School rules*



Individual Profile

Height _____ Weight _____ Year graduating _____

High School _____

Please check only **ONE** position -

**Offense
or
Defense.**

OFFENSE

- Quarterback
- Running Back
- Receiver
- Tight End
- Lineman

DEFENSE

- Linebacker
- Lineman
- Back
- Outside Linebacker

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- \$10.00 (Helmet)

Please include this extra charge for rented equipment with your registration fee.

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.

Last name _____ First name _____

Home address _____

City _____ State _____ ZIP code _____

Parent's name _____

Phone (primary) _____ (secondary) _____

Parent or Guardian Signature

Make Checks or Money Orders Payable to: Hawkeye Football

- Visa
- MasterCard
- Discover

Name on Credit Card: _____

Card # _____

Exp. Date _____ 3 digit CID# (back of card) _____

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

BEFORE MAILING REGISTRATION FORM

Did you remember to...

1. Include all signatures
2. Enclose \$35.00 fee (and Equipment Rental if applicable) - *make check payable to: Hawkeye Football*
3. Check camp position & equipment rental needs
4. Fill out the Medical Release on back of form.

Send this form and check or cash to:
Iowa Hawkeye 1 Day Football Camp
930 Evashevski Drive
Iowa City, Iowa 52242

Questions? Ph. 319-335-8943

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.

Release of Liability, Medical and Media Authorization

Football Camps

The release and the treatment authorization must be signed by a Parent or Guardian if student is under 18 years old. Students who are 18 years old before the end of the program must also sign. **In order for students to participate in camp activities, we must have this form.** Otherwise, parent or guardian must be contacted prior to participation.

Release of Liability and Medical and Surgical Authorization

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.

Each camper must provide his/her own medical insurance.

XX _____ Date
Parent's/Guardian's Signature

Name (Parent/Guardian Print or Type)

Address

City

_____ ZIP _____
State

_____ Cell Phone _____
Emergency Phone

X _____ Date
Camper Signature (if 18 or older)

Insurance Company

Insurance Co. Address

Policy No.

_____ Date _____
Policy Holder

IOWA HAWKEYE



1 DAY FOOTBALL CAMPS

9th & 10th GRADE CAMP



JUNE 9th 2012