

Waiver Form

I wish to participate in the West Chester University (WCU) Summer Camp Program, including (list activities)_____

I am informed that the activities are conducted by individuals, who may be university employees, and 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 types of injuries. 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.

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), stat 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 onthe advice of any physician or surgeon licensed to practice when eforts to contact me are unsuccessful. This consent form is granted for the period of _____

Parent/Guardian _____

Signature _____


Golden Rams
West Chester University
Department of Athletics
Football Office
Sturzebecker Health Sciences Center
West Chester University
West Chester, PA. 19383-4500-209

**West Chester University
of Pennsylvania**

Golden Rams Football
Big Man Camp
Summer 2008



Saturday, June 21
(Registration begins at 8:15 a.m.)

For High School Players

***Each player must complete the
registration & waiver form**



e-mail: ramcamps@wcupa.edu

WCU Big Man Camp and Challenge

Dear Coach,

The West Chester University Football Staff is pleased to announce its first Big Man Camp and Challenge. We feel that this is an excellent opportunity to prepare young offensive and defensive linemen for the 2008 season.

The 2008 Big Man Camp and Challenge will be held on Saturday, June 21 at West Chester University's South Campus Athletic Fields. The camp will begin at 8:15 a.m. We will break for lunch (not provided) and finish around 2 p.m.

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

Sincerely,

Mike Lux

Assistant Football Coach &
Camp Director

Camp Schedule

8:15 AM – **REGISTRATION**
(Sturzebecker Health Sciences Center)

8:45 AM – **PLAYERS MEETING**
(Sturzebecker Health Sciences Center)

CAMP SCHEDULE

9:00-10:15 a.m. – Off. line fundamentals
10:30-11:45 p.m. – Def. line fundamentals

11:45-12:30 p.m. – **Lunch**

12:30-1:00 p.m. – Off. line fundamentals
1:00-1:30 p.m. – Def. line fundamentals

CHALLENGES

1:30-2:00 p.m.

Questions???

Contact Mike Lux

Office: 610-436-3527

E-Mail: mlux@wcupa.edu



West Chester University Big Man Camp and Challenge

Application

Bill Zwaan - Head Coach

Mike Lux - Camp Director

Office: 610-436-3527 / E-Mail: mlux@wcup.edu

Name _____

Address _____

Age _____ Height _____ Weight _____

Position _____

School _____

Grade entering fall 2008 _____

Adult T-shirt size S M L XL XXL

Parent/Guardian _____

Home Phone _____

Business Phone _____

Cell Phone _____

Email Address _____

Registration

Make checks payable to:

WCU Football Camp 4500-209

Tuition \$50

Credit Card Payments

(Check One) Visa _____ Amex _____ Mastercard _____

Credit Card # _____

Expiration Date _____ Amount \$ _____

Signature _____

WCU Office Use Only

Amount Paid _____

Fund #1000 Prog - Wk **Org 4500.209**

JT# 49199