

Dear Camper,

Our Elite Camp is for athletes looking to better themselves both mentally and physically. Our camp will focus on the proper techniques and fundamentals of your position. You will be coached by our UW-Stout Football Coaching Staff that will introduce you to our teaching progressions for our techniques, drills, and schemes. Look forward to seeing you in Blue Devil Country!

Coach Clayt Birmingham
Head Football Coach

Camp Schedule

Day 1 – Monday, July 23rd

| | |
|-------------|--|
| 12:00 - 1pm | Check into South Hall |
| 1:30pm | Campers meet outside of South Hall to walk over to Sports and Fitness Center |
| 1:40pm | Camp Intro Meeting: Equipment Issue & Paperwork |
| 3:00pm | Football Meeting |
| 4:00pm | Practice #1 |
| 6:00pm | Dinner in Commons |
| 7:00pm | Football Meeting |

Day 2 – Tuesday, July 24th

| | |
|---------|----------------------|
| 7:15am | Breakfast in Commons |
| 8:15am | Football Meeting |
| 9:15am | Practice #2 |
| 11:30am | Lunch in Commons |
| 1:00pm | Football Meeting |
| 2:00pm | Practice #3 |
| 3:15pm | Turn in Equipment |
| 3:45pm | Check out of Dorms |

HOUSING & MEALS

You and one other camper will share a dorm room on first floor of South Hall. Each room has 2 single beds, refrigerator, microwave, 2 desks, 2 dressers and 2 closets. Linens are provided: bed sheet, pillow case, blanket, towel, wash cloth and soap. Pillow, extra towel, fan and toiletries are not provided and should be brought by the camper. Whether you stay in the residence hall or commute to camp, you will eat at our University Commons. This is an all-you-can-eat style cafeteria. Fees for housing, breakfast, lunch and dinner are included in the camp fee.

Camp Info

| | |
|-----------------------|--|
| Cost: | Resident = \$50 or Commuter = \$45 |
| Practice Site: | UW-Stout's Williams Stadium |
| Equipment: | This is a Helmet & Shoulder Pad Camp |
| We Provide: | Helmet, Shoulder Pad, Mouth Guard & Practice Jersey. |

Note: It is permissible to bring your own pads

For any questions, contact:

Coach Clayt Birmingham
birminghamc@uwstout.edu
Cell: 620-481-0189
Office: 715-232-2203

Registration:

NAME: _____

ADDRESS: _____

CITY: _____

ST: _____ **ZIP:** _____

CELL PHONE: _____

EMAIL: _____

HIGH SCHOOL: _____

**PARENT EMERGENCY
CONTACT:** _____

PARENT PHONE: _____

FOOTBALL POSITION: _____

ALTERNATE POSITION (If Desired): _____

HT: _____ **WT:** _____ **AGE:** _____

CIRCLE ONE: **RESIDENT (\$50)**
 COMMUTER (\$40)

Please use our online Register at:
TBD





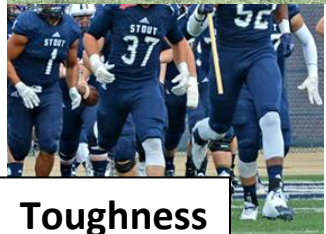
Finish



H.E.A.T



Accountable



Toughness



Compete



Discipline

COACHING STAFF

Defensive Staff

| | |
|------------------|------------|
| Travis Destache | DC / ILB's |
| Clayt Birmingham | DB's |
| Luke Peterson | OLB's |
| Jeff Sullivan | D-Line |

Offensive Staff

| | |
|------------------|-------------|
| Chase Vogler | OC / QB's |
| Derek Branch | O-Line |
| Jake Pollock | WR's / TE's |
| Jed Stutzman | RB's |
| Adam Mulvey | Equipment |
| Jessica Schlafke | Trainer |

UNIVERSITY OF WISCONSIN STOUT



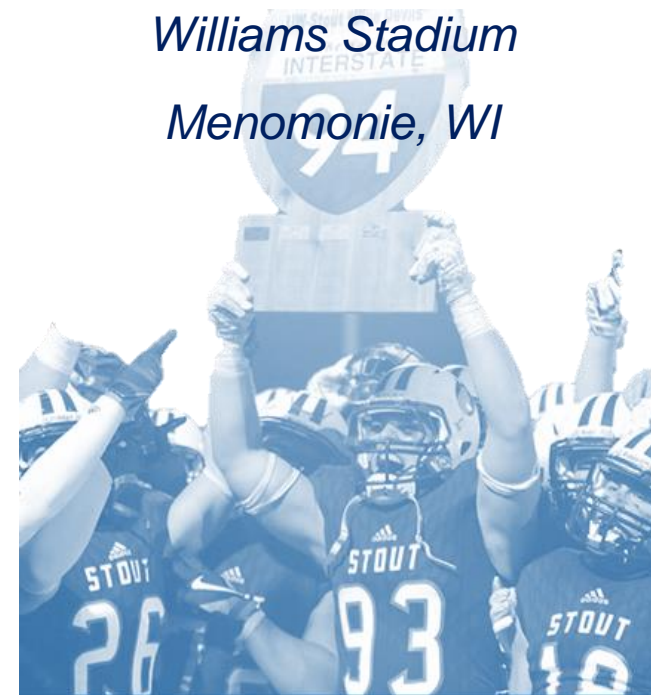
2017

ELITE FOOTBALL CAMP

July 23rd & July 24th

Williams Stadium

Menomonie, WI



University of Wisconsin–Stout 2016 Youth Event Health Form

Event Name: _____

Dates: _____

Youth Name: _____ Birth date _____ Age on 1st day of event _____ Sex: ☐ Male ☐ Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home (_____) _____ Work (_____) _____ Cell phone (_____) _____

Home address: _____
Street City State Zip

Second parent/guardian
and/or emergency contact: _____ Phone: Home (_____) _____
Work (_____) _____

Address: _____
Street City State Zip

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin–Stout, it is event/camp policy to secure your consent for **medication distribution and for the use of medical devices**. The medication or medical device must be administered by designated event/camp health staff with the exception that a limited amount of medication for life-threatening conditions may be carried by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

- ☐ Prescription medication(s) has been brought to event/camp. All prescription medication must be in the **original medicine bottle** (see picture at right) and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested on the second page of this form.
- ☐ Over-the-counter medications have been brought to event/camp and may be administered by camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage, and instruction.
- ☐ No medication(s) has been brought to event/camp.



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your agreement to **all of the following** statements. By signing below:

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct and up-to-date, and that **I will provide any and all significant, material, or important changes** to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stout, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.
- In the event that outside medical treatment is sought while my child/ward is a camp participant, and the child/ward is returned to camp following the medical treatment, I hereby give permission for UW-Stout to obtain medical records and medical information from and disclose such information to any medical facility my child/ward would be taken to. Information disclosed may be verbal or written and relate only to the injury/illness that the camp participant is currently being treated for.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

(Must complete reverse side)

Date

UW Stout
Youth Event Health Form (Continued)

Participant Name: _____

Parent/Guardian Signature: _____

Health Conditions (check)

- ☐ Asthma Insect stings
- ☐ Diabetes Foods
- ☐ Epilepsy Medications
- ☐ Psychiatric Other
- ☐ Cognitive/Developmental
- ☐ Any dizziness, light-headedness or fainting associated with exercise within the past year
- ☐ Any unexplained, rapid or irregular heart beat within the past year
- ☐ A physician has sometime denied or restricted participation in sports due to a heart problem

Allergies (check & list specifics)

- ☐ Insect Stings _____
- ☐ Foods _____
- ☐ Medications _____
- ☐ Other _____

Do any allergies require an EPIPEN Injection? ☐ Yes ☐ No
Is an inhaler required and carried by youth? ☐ Yes ☐ No

Date of last Tetanus booster: _____

**You may also attach an updated Immunization Record*

Name of Insurance Co.: _____ Policy #: _____

Description of any limitation or restriction of event activities: _____

Any special accommodations regarding physical or emotional conditions that we need to be aware of regarding your child's participation in this event/camp (include circumstances when physician should be notified)?

Medications camper will be taking at camp:

| Name of Medication | Reason | Dosage (mg) | Times of day given | Prescribing Physician & Phone Number |
|--------------------|--------|-------------|--------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. Does the youth experience any side effects from the medication? ☐ Yes ☐ No
(i.e., mood/behavior changes, upset stomach, diarrhea)

2. List any special instructions or additional information regarding the medication that would be helpful to the Health Care staff:

***** FOR EVENT/CAMP USE ONLY – TO BE COMPLETED BY HEALTH CARE STAFF AT CHECK-IN *****

- | | | |
|---|------|-------|
| 1. Are there any changes in your child's health status since the medical forms were sent in? | • No | • Yes |
| 2. Has your child, or anyone in your family been sick or exposed to any communicable disease in the past month? | • No | • Yes |
| 3. Does your child now have any rashes or open sores? | • No | • Yes |
| 4. Are there any changes in your dependent's medications? (If Yes , Staff make changes & sign) | • No | • Yes |
| 5. Does your child have any recent injury or activity restrictions? | • No | • Yes |
| 6. Will the custodial parent(s) or guardian be available at the numbers listed on this form during the camping session? | • No | • Yes |

If NO, list the name & phone number of person(s) authorized to make decisions on their behalf if different than the emergency contact listed on the reverse side of this form:

Information provided by: _____ To: _____ Date: _____

Risk Awareness Agreement

The undersigned does hereby agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, its officers, agents and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of participating in _____.

The undersigned acknowledges that they understand that:

- 1 Risk is involved in participating in this event.
- 2 They understand the university will not provide medical coverage.
- 3 They understand the university will not provide liability coverage.
- 4 They have their own health insurance.

Print Name of Participant

Print Name of Parent/Guardian

Date

Signature

Date



Camp/Clinic Concussion/Head Injury Form

I have received and read the concussion and head injury information sheet. I understand that there is a risk of injury during athletic participation and I agree to disclose any signs and symptoms of a concussion to the camp coaching staff. I also understand that I will be removed from play to eliminate the risk of further injury and will not be able to resume participation until evaluated and cleared by a member of the camp health services staff who has experience with evaluating and managing pediatric concussions and head injuries.

I understand that this is in accordance with the State of Wisconsin Youth Concussion Law.

Participant's Signature Participant's Name (Print)

Parent/Guardian (if participant is under 19) Date

Camp Name: _____ Camp Date: _____