

# AUGUSTANA UNIVERSITY FOOTBALL CAMP REGISTRATION FORM

NAME

ADDRESS

CITY / STATE / ZIP

PHONE

EMAIL

AGE GRADE (FALL 2019)

SCHOOL

POSITION (PROSPECT DAY ONLY)

PARENT(S)

PARENT SIGNATURE

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE

## CHECK WHICH CAMP(S) YOU'D LIKE TO ATTEND

- VIKING YOUTH CAMP SESSION 1: June 5<sup>th</sup> – 6<sup>th</sup>  
Entering Grades: K – 6<sup>th</sup> / 9am – 12pm / \$90
- PROSPECT DAY SESSION 1: June 9<sup>th</sup>  
Entering Grades: 10<sup>th</sup> – 12<sup>th</sup> / 9am – 2:30pm / \$40
- VIKING YOUTH CAMP SESSION 2: June 12<sup>th</sup> – 13<sup>th</sup>  
Entering Grades: K – 6<sup>th</sup> / 9am – 12pm / \$90
- PROSPECT DAY SESSION 2: June 27<sup>th</sup>  
Entering Grades: 10<sup>th</sup> – 12<sup>th</sup> / 9am – 2:30pm / \$40
- VIKING YOUTH CAMP SESSION 3: July 23<sup>rd</sup> – 24<sup>th</sup>  
Entering Grades: K – 6<sup>th</sup> / 9am – 12pm / \$90

## CHECK T-SHIRT SIZE

- Youth S
- Youth M
- Youth L
- Youth XL
- Adult S
- Adult M
- Adult L
- Adult XL
- Adult XXL

Amount Enclosed: \$ \_\_\_\_\_  
*(All refunds subject to a nonrefundable administrative fee of \$25)*  
Make checks payable to: Augustana Football

Mail this Registration form to:

Augustana Football  
C/O Chase King  
Hall Football Complex  
2001 S. Summit Ave.  
Sioux Falls, SD 57197

Release form: I understand the risks involved with participating in this camp, and I consent for my minor child to participate. In consideration of the acceptance of the application, I, intending to be legally bound hereby for myself, my heirs, executors, administrators, waive and release any and all rights and claims for injury or property damages I may have against Augustana University or its representatives and/or assignees for any and all damages which may be sustained and suffered out of my traveling to, participating in, and returning from camp. Furthermore, I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given to the previously mentioned participant for illness or injury while attending or subsequent to attending this camp. I hereby authorize the staff of the camp to act for me or my minor child according to their best judgment in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at camp.

**Camp participants must have their own medical insurance**

Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_  
Policy# \_\_\_\_\_

In the event the Camper is injured or becomes ill while attending camp and it is necessary to obtain medical treatment for the Camper, is there any other information we should know about the Camper which would be pertinent to seeking such treatment? (if needed, attach additional pages)

*For more information or questions please contact  
Chase King at cking@augie.edu*