



**WINONA STATE WARRIOR  
FOOTBALL PLAYERS  
&  
MORRIE MILLER  
YOUTH FOOTBALL CAMP**



**Mission:** To have Winona State Players teach young athletes the fundamentals of football, while providing a fun and competitive learning environment.

**Who:**

4<sup>th</sup> – 6<sup>th</sup> Graders  
and 7<sup>th</sup>-8<sup>th</sup> Graders

**Camp Dates and Time:**

August 2<sup>nd</sup>-4<sup>th</sup> 10 am – Noon

**Location:**

Alltel Stadium (weather permitting)  
WSU Field House – McCown Gymnasium (Rain)

**Daily Schedule:**

**Monday & Tuesday**

10-10:10 am – Stretching/Warm-up  
10:10 – 10:55 am Offensive Skills (Monday)

Defensive Skills (Tuesday)

11:00 – 11:55 am Razzle Dazzle Team Games  
Noon – Camp Close

**Wednesday**

10-10:10 am – Stretching/Warm-up  
10:10 – 10:55 am – Individual Contests

11:00 – Noon – Razzle Dazzle Team Games  
Noon – Camp Close & Coach Sawyer

**Camp Costs:**

\$20 per camper for pre-registration  
\$30 per camper for Walk-up Registration  
Cost includes camp T-shirt, contest prizes, and Icee popsicles

**Camp Details:**

- Camp is run and coached by WSU football players
- All camp proceeds go to Warrior Football Community Service Fund
- The money in the fund goes to taking part in other community service projects
- Athletics training staff on hand
- Camp Registration forms are available at:  
Winona State Athletics website  
WSU Athletic Office  
Area Schools

**Contacts:**

Primary Contact: Coach Bruce Carpenter – (507) 457 – 5694 bcarpenter@winona.edu

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Shirt Size: XL L M S (Adult Sizes)

Fathers Name: \_\_\_\_\_

Mothers Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Zip: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Birthdate: / /

Work Phone: ( )

Work Phone: ( )

Make Checks Payable to: **Warrior Football Community Service Fund**

## Medical History

Birth Defects (one eye, one kidney, etc) \_\_\_\_\_

Medical Conditions currently under treatment \_\_\_\_\_

Preexisting injuries under treatment \_\_\_\_\_

Fractures or other disability type injuries \_\_\_\_\_

Allergies (drug, food, asthma, etc.) \_\_\_\_\_

Medical disorders or convulsions \_\_\_\_\_

I wish to register my minor child named on this form and consent to my child's participation in the Summer Sports camp and/or Leagues sponsored by the Department of Intercollegiate Athletics of Winona State University during the summer of 2010. I recognize that participation in recreational and instructional activities, even when well supervised and managed, pose a risk of physical injury to my child, and I agree to assume such a risk on behalf of my child. I understand that children registered for WSU Athletic's summer sport camps and/or leagues will receive instruction in the basic principles of the sport(s) of their choice(s) and will spend a significant amount of time practicing and performing sporting techniques and/or researching and performing a variety of enrichment techniques under the supervision of experienced instructors, and I consent to my child's participation in this program. I consent to the transporting of my child in University vehicles to and from various locations on campus and in the Winona area for recreational and instructional activities. I consent to the use of video recordings and photographs of my child's participation in WSU Athletics summer sports camp, league programs, and future camp promotions. I certify that my child had no medical condition or impairment, including the use of medication, that might inhibit his or her participation. **RELEASE OF LIABILITY** I, the undersigned, hereby agree to indemnify and hold Winona State University harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in the Summer Sports camps and/or leagues at the Department of Intercollegiate Athletics, Winona State University. I hereby certify that my child is provided coverage via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses, noted above, which might incur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent/Guardian Name

**Please sign and read the form and return it with your personal information to:**

### **Warrior Football Players' and Morrie Miller Youth Camp**

Winona State University

Bruce Carpenter

Pressbox 203

P.O. Box 5838

Winona, MN 55987