

2020 Chadron State Football Camps

Camper's Name* _____

Phone* (_____) _____

Email Address* _____

Mailing Address* _____

City* _____ State* _____ Zip* _____

High School* _____

Grade Fall 2020 _____ Birth date _____

Shirt Size: S M L XL XXL

Parent's/Guardian Name* _____

Home Phone* (_____) _____

Emergency Contact* _____

Phone* (_____) _____

Insurance Company* _____

Phone* (_____) _____

Policy Number* _____

(*Required)

Register Online at:

<http://www.chadronstatesportscamps.com>

Mail in registrations make checks payable to: CSC Football

WHAT TO BRING

- A signed physician slip and waiver form for check-in
- **Required Equipment:** Football Cleats, Shoulder Pads, Helmet, Mouthpiece, Girdle, Practice Jersey, Football Pants w/leg pads, **Water Bottle (water bottle not available for rent, you will need to bring your own)**

Equipment rental additional \$10.00

Please Indicate Session Attending

(Overnight accommodations are not provided)

Cost \$65.00 per session (register by Sept. 17, 2020 to receive a \$15.00 discount)

Session A | Prospect Camp #3 | September 18, 2020

Session B | Individual Camp #1 | September 19, 2020

Session C | Prospect Camp #4 | September 25, 2020

Session D | 7 on 7 Camp | September 26, 2020

Amount Enclosed: _____

**** In order to receive a refund, camper must notify coach Long at jloug@csc.edu of the cancellation no later than September 17, 2020. There is a \$25.00 non-refundable deposit per each registered camper for Sessions A-D. NSF Checks will incur a NSF charge of \$30.00.**

In the event the camp is cancelled due to circumstances beyond the College's control, such as public health or safety concerns or other extenuating circumstances campers will be refunded in full (minus Ryzer card processing/convenience fees). As an added safeguard our event offers Allianz Registration Protection insurance. For an additional fee, this insurance refunds your full registration fee if camp is held but you cannot attend or must leave early due to a covered injury or illness which includes COVID-19. Details can be found here. https://azcontent.us/alert/2019-novel-coronavirus?utm_source=booking-path&utm_medium=referral-link&utm_campaign=coverage-alert

Note: In order for your child to participate in the Chadron State 2020 Eagles Football Camps, September 18, 2020 through September 26, 2020 this form must be completed, signed and returned to the College prior to the first day of camp.

Child's Printed Name

Child's Date of Birth

Authorization

I authorize and give my consent for any licensed medical provider or athletic trainer to provide medical treatment, emergency services or assistance to my child related to his/her participation in Chadron State 2020 Eagles Football Camps. I agree to assume all costs related to such treatment, services or assistance.

Insurance Company

Policy Number

Release

I give permission for my child (identified above) to participate in the Chadron State 2020 Eagles Football Camps. I assume all risks of accident or injury that may result from his/her participation in this activity. I release the Nebraska State Colleges, the Board of Trustees of the Nebraska State College, Chadron State College, and all officers, employees, agents, volunteers, and participants from liability including, but not limited to, legal claims and suits for any injury, damage or loss (personal or property) resulting from his/her participation in this activity.

I do hereby release the Board of Trustees of the Nebraska State Colleges, Chadron State College, the CSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel from all liability, including claims or suits in law or equity related to any bodily injury (including but not limited to) loss of life, accident, illness, or loss (personal property or other).

I acknowledge that COVID-19 is a public health risk, and the Board of Trustees of the Nebraska State Colleges, Chadron State College, the CSC Athletic Camp and all its trustees, officers, administrators, agents, employees and camp personnel cannot guarantee safety or immunity from infection, and that I am electing to participate in the CSC Athletic Camp. I further voluntarily assume all risks associated with my participation including the risk of exposure or infection with COVID-19.

Furthermore, I realize the risks involved as a camp participant and I understand that I am responsible to pay, or otherwise cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as a result of treatment given for illness or injury incurred while attending or subsequent to attending the CSC Athletic Camp.

I hereby authorize the staff of Chadron State College and the CSC Athletic Camp to act for me according to their best judgment in any emergency requiring medical attention. I understand if my child presents concussion-like symptoms during an evaluation from a Certified Athletic Trainer at a CSC Athletic Camp, he/she will no longer be allowed to participate at camp. As a parent/guardian I must make arrangements to remove my child from camp as soon as I have been notified of my child's condition.

I further give my permission for Chadron State College and the CSC Athletic Camp to use, for publicity or advertising purposes, any photographs taken of me at the camp.

Parent/ Guardian Printed Name

Parent/ Guardian Signature

Date

For more information, contact: Bryar DeSanti at 308-432-6453 bdesanti@csc.edu or Clint Sasse at 308-432-6347 csasse@csc.edu