



2018 TEAM CAMP



BEAVER FOOTBALL ELITE TEAM CAMP - JULY 27-29TH

Resident: \$160

Commuter: \$120

Additional Coaches: \$75 (Head Coach and one assistant are free of charge)

Friday, July 27th, 2018

Check In 11:30 AM

Note: Coach Pike will contact each head coach about check in time so check in can run smoothly.

Testing, 2 practice sessions, 7 on 7 and Big Man Challenges.

Saturday, July 28th, 2017

3 sessions along with a BSU individually ran practice

2 Practices, Scrimmages, War on the Shore

Sunday, July 29th, 2017

Scrimmage after short team warm up practice.

Check Out at 12:00 PM.

We will stagger checkout to save everyone time, some teams will checkout prior to/during breakfast.



BEAVER ELITE FOOTBALL CAMP – 2018 REGISTRATION FORM

Name: _____ Class of _____ Cell/Primary Phone _____

Address: _____
Street City State Zip

High School: _____ Email: _____

Facebook: _____ Twitter: _____

Position(s): QB WR RB TE OL DB LB DL K P LS T-Shirt Size: L XL XXL XXXL

Hold Harmless:

The undersigned, Parent/Guardian of minor, understands that participation in the camp is voluntary. Parent/Guardian of minor understands that minor, as a participant in events sponsored by, or associated with Bemidji State University, whether athletic or social in nature, is subject to risk of injury. Parent/Guardian agrees to defend, indemnify and hold harmless Bemidji State University and its partners, agents, employees, owners from and against any claim, demand, suit, judgment, cost of fees, which arise out of or are in any way connected with Bemidji State University, regardless of whether such claims are the result of the negligence of Parent/Guardian/Minor or anyone else or for any other cause.

Permission for Emergency Care:

As the parent/legal guardian, I request that in my absence, the named participant be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the on-site staff and volunteers to provide appropriate medical assistance or if an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant the hospital or nearest facility. I also understand that if ambulance transport or emergency treatment is deemed necessary, I may not be notified until after the transport has been initiated. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses to perform any diagnostic procedures, treatment procedures, operative procedures, and x-rays of the above. I have been given no guarantee as to the results of examination or treatment. Our insurance carrier and I accept any and all responsibility for all costs associated with the medical care of the above participant. I will notify Bemidji State University if, at any time, our medical insurance provider changes while participating in the activities with Bemidji State University.

I have read and understand the above.

Parent/Guardian Signature _____ Print Name: _____

Insurance Provider: _____ Policy #: _____

Note: Every camper attending must be covered by parents' insurance. Parents' signature required.

In case of emergency please contact:

Name: _____ Contact Phone #: _____