



2022 CWU FOOTBALL TEAM CAMPS

CAMP 1: JUNE 18–21, 2022

CAMP 2: JUNE 25–28, 2022

GENERAL CAMP INFORMATION

The registration fee for a full package is \$320 per person which includes camp, lodging, and meals. The commuter rate is \$60 per person, per day which will include lunch. For every 10 high school campers who attend, one high school coach will be included. The team coach is responsible for registering the campers and coaches by sending their applications and payments as a team as early as possible. All forms and full payment must be received before the deadline of June 10 (Camp I) / June 17 (Camp II).

Cancellation must be in writing (e-mail or letter), and received by the Conference Program by the deadlines of June 10 for Camp I, June 17 for Camp II, or payment will be forfeited. Refund minus a \$25 administrative fee requires advance notification. **No refunds will be made for cancellation notice received after the deadlines, for no shows, or for campers dismissed from camp.**

TEAM TELEPHONE REGISTRATION

Telephone reservations will be taken from January 1–May 31. For more information, contact Coach Spencer Capitani via e-mail at Spencer.Capitani@cwu.edu or call 641-390-1311 between 8 a.m. and 5 p.m., Monday–Friday. Team registrations for this camp must be made by the coach. Applications must be mailed as a team. Registered teams will be contacted with the form for individual player registration when it becomes available. Updates will be posted to <http://www.cwu.edu/conference/registration-forms>

FOR MORE INFORMATION

Write to Team Football Camp, CWU Athletic Department, 400 East University Way, Ellensburg WA 98926-7570, call 509-963-1914, or visit the WILDCATSPORTS.COM

TEAM/GROUP RATES

Full package rate: **\$320** per camper
Commuter rate: **\$60** per camper, per day
Coach rate: **\$190** per coach

WHAT TO BRING

Campers must bring their own towels, washcloth, soap, sun screen, personal toiletries and bathing suit (bed linens provided). Also bring football, football shoes, t-shirts, shorts, socks, sweats, athletic supporters, tennis shoes, practice jersey and full football gear. This is a full-gear camp, you must be completely outfitted to participate in any drill. Please leave all valuables at home. CWU is not responsible for damages or loss to camper's personal property.

SUPERVISION

The team coaches are required to stay in CWU housing with campers. The team coach is responsible for returning sleeping room keys for campers. In the event that all keys are not returned, the team coach will be assessed a \$35 fine for each lost key. Team coaches are also responsible for their players during non sanctioned, after-hours activities while attending CWU camps. CWU reserves the right to send any camper home if found to be undesirable for any reason.

ARRIVAL AND DEPARTURE

Check-in time is from 9 a.m. to noon on June 18/June 25 at the Vantage room. All participants must attend the Orientation Meeting at 1 p.m. Camp concludes at 1 p.m. on June 21/June 28. Check-out time for sleeping rooms is 11 a.m.–1 p.m. (Camp I), 8 a.m. (Camp II) and all keys must be returned to the Vantage room. There will be a \$35 fine for each lost key assessed at checkout.

REQUIRED FORMS/ INSURANCE

All CWU camp participants are required to follow all applicable state, local and university related COVID-19 guidelines, and provide a signed CWU Camper Health/Emergency Information and Hold-Harmless Form, a signed Assumption of Risk and Release of Claims, and proof of their own medical insurance prior to their participation in the CWU Camp. **Campers will NOT be allowed to participate without properly completed forms.** The CWU athletic training staff will be on duty during sessions and on-call throughout the day.



Conference Program
400 East University Way
Ellensburg, WA 98926-7592

E-MAIL: Conference.Program@cwu.edu
PHONE: 509-963-1141

CWU CAMPER HEALTH/EMERGENCY INFORMATION AND HOLD-HARMLESS FORM FOR CWU SPORTS CAMPS

THIS ORIGINAL SIGNED FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BY REGISTRATION DEADLINE.

Campers will not be allowed to participate without properly completed and signed forms.

Participant's Name _____
(Please print)

Address _____

City _____ State _____ Zip _____

Birth Date _____ Phone (_____) _____
(Month/Day/Year) (Area Code)

Sports Camp Attending _____

Camp Dates _____

DOES YOUR CHILD HAVE:

Allergies Yes No If yes, list. _____

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.

Yes No If yes, list. _____

Has your child had any injuries and/or operations during the past year?

Yes No If yes, list type and dates. _____

Has your child's physical activity been restricted during the past year?

Yes No If yes, list reasons and duration. _____

Is your child taking any medications? Yes No If yes, why? _____

Name of medication(s) and Dosage(s). _____

Has your child ever taken any sulfa drugs? Yes No

Has your child had adverse reactions to any drugs? Yes No

If yes, list drug(s) and reaction(s): _____

Date of last tetanus immunization: _____



FOOTBALL

TEAM FOOTBALL CAMP APPLICATION FORM

Name _____

(PLEASE TYPE OR PRINT)

E-mail _____

Parent/Guardian E-mail _____

Daytime Phone Number (_____) _____

(AREA CODE)

Parent/Guardian Phone Number (_____) _____

(AREA CODE)

Address _____

City _____ State _____ Zip _____

School Name _____

Grade Entering _____

Coach's Name _____

\$ _____ Card Holder Name _____

Visa MasterCard Discover

Credit Card # _____

CVV Code _____

Exp. Date _____

(CWU will destroy payment information immediately after processing.)

IN CASE OF EMERGENCY, NOTIFY:

Name _____

(Please print)

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Work (_____) _____ Home (_____) _____
(Area Code) (Area Code)

Family Physician _____ Phone (_____) _____
(Area Code)

Medical Insurance _____

Name of Insured _____

Policy/Group # _____

I, the undersigned, individually and as a parent/guardian of

_____ (participant), a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University (CWU). I am fully aware of the safety risks of participating in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit his/her ability to safely participate in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless CWU and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that I or my minor child may sustain as a result of my child's attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child.

I give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of

Parent/Guardian _____ Date _____

(Please print name and relationship to participant)

CAMP 1: JUNE 18-21, 2022

REGISTRATION DEADLINE: **June 10, 2022**

CAMP 2: JUNE 25-28, 2022

REGISTRATION DEADLINE: **June 17, 2022**

CAMP DATES ATTENDING:

June 18-21, 2022

June 25-28, 2022

TEAM RATE:

\$320 per camper; full package rate

\$60 per camper; commuter rate

*Send individual applications with payment as a team to CWU Conference Program, 400 East University Way, Ellensburg, WA 98926-7592.

Make checks payable to: CWU Conference Program.

Registration must be received and paid in full by June 10/June 17, otherwise a \$25 individual late application fee is imposed. A non-refundable \$25 administrative fee is charged for any cancellation. Full refunds minus a \$25 administrative fee require **notice before June 10th for Camp 1 and before June 17th for Camp 2.**

E-mail cancellation notices to: Conference.Program@cwu.edu.

CWU is an EEO/AA/Title IX institution. For accommodation email DS@cwu.edu.

Signature _____ Date _____ / /

CENTRAL WASHINGTON UNIVERSITY

ACKNOWLEDGMENT OF RISKS AND RELEASE OF CLAIMS

ACKNOWLEDGMENT OF RISKS. I understand that my participation in the CWU sports camp program involves potential risks to my health or safety. Such risks may include falls, collisions with other participants, heat exhaustion, rhabdomyolysis, paralyzation, broken bones, torn ligaments, sprains, concussions, heart failure, permanent injury and such other injuries or illnesses as can occur in the course of vigorous physical activity.

I understand that my participation in the program is voluntary. I acknowledge and voluntarily assume the risks of my participation, whether such risks result from my own negligence, the negligent acts or omissions of others, faulty equipment, or otherwise. I further understand that I am solely responsible for determining whether I am physically capable of participating in the program and whether I have any medical or health condition that would prevent me from participating safely.

I hereby authorize CWU staff to seek emergency medical services for me should I become injured or ill with the understanding that I will be solely responsible for any and all resulting medical expenses.

WAIVER AND RELEASE OF CLAIMS. As a condition of my being permitted to participate in the CWU sports camp program, I hereby waive and release any claims that I or my estate may have against CWU or its staff or volunteers based on any injuries, illnesses, or property damage that I may sustain as a result of my participation in the program.

If the participant is under the age of 18, the signature of a parent or guardian is required. If I am signing as a parent or guardian of a minor child, I hereby acknowledge and accept the above risks of my child's participation in the program, and I waive and release any claims that I or we may have against CWU as stated in the above Waiver and Release of Claims.

Participants Name: _____ Phone Number: _____
(Please Print)

Address: _____

Emergency Contact: _____ Phone Number: _____

Participant's Signature: _____ Date: _____
(Parent or guardian if under the age of 18)



CWU Athletics Camp COVID-19 Protocols

Spring & Summer 2022

Protocols and Policies for Camp Participants

Participants in CWU Athletic Camps must adhere to all University COVID protocols and policies. As a university, our primary responsibility is the health and safety of our campers and staff members. The policies outlined in this document are developed under the current environment and it is understood that circumstances regarding COVID may change and stricter protocols and policies can be implemented with little or no advance warning.

Vaccinations and Masking/Face Coverings: As it currently stands, neither vaccinations nor masking/face coverings are required. Although Central Washington University strongly encourages individuals to get vaccinated to protect themselves and others from the harmful effects of COVID, they are not required. Masking/face coverings are also encouraged for those who want an extra layer of protection while participating or facilitating camp-related functions, but not required except in our Campus Health Center per the State of Washington.

Daily Self-Assessment: All camp participants are encouraged to do a daily self-assessment to determine if they are experiencing any COVID-related symptoms. Should an individual become symptomatic, it is their responsibility to immediately report their symptoms with a camp administrator and/or their coach if it is a team camp.

Symptomatic Participant: Any camp participant experiencing COVID-related symptoms will be isolated and asked to leave camp. Parents/coaches will be responsible for the transport of symptomatic campers back home. Any symptomatic camper is encouraged to test for COVID-19 and follow all precautions to minimize the spread.

Resident camps will need to work with Conference Service and athletics to designate a space/room to isolate and hold symptomatic participants while they wait for transport.

Team Camps: Three (3) or more symptomatic participants from one group/team with 20 or less participants and five (5) or more from one group/team with more than 21 participants will require the whole team to stop their participation in camp.

Note: These protocols can be adjusted by the University Leadership to reflect the needs of our campus.