

Dates and Times

Monday, June 20th—Thursday, June 23rd

We will depart from Glacier on Monday at 6am and return Thursday at approximately 7pm.

Camp Cost

1. Cost is **only \$210** per camper which covers all camp expenses including food, lodging, camp insurance and transportation.
2. Make \$210 check out to “**Glacier WolfPack Football Camp**” and we will pay all camp expenses out of that account.
3. If you do not have the full \$210 now, you can give Coach Bennett a minimum deposit of \$50 and get your name on the equipment checkout list.

Dri-Fit Compression Shirt

If you'd like to purchase a Northwest Border League camp dri-fit compression shirt, the price is an additional \$10. You can pay separately or include this with your camp fee. Circle the size you want below.

\$10 Dri-Fit Shirt Size: XXXL, XXL, XL, L, M, S

Camp Payment

Border League Camp Fee \$210 _____

Dri-Fit Compression shirt \$10 _____

Total Payment Enclosed: \$210 OR \$220 _____

Due Dates and Deadlines

1. For planning purposes, you must declare to Coach Bennett whether you are going to camp or not by **Friday, March 25th.**
2. Payment must be received in full by **Friday, June 10th.**

Age and Skill Level

The Northwest Border Team Camp is a Varsity and JV level camp. We will take athletes who are both physically and mentally ready to compete at those levels during the 2016 season.

Items to Bring to Camp

1. Each camper is responsible to bring his own **full and complete set of football equipment.**
2. Bring changes of clothing (**plenty of socks and underwear**), sneakers and toiletries. Bring gold bond powder and other important items for 4 straight days of football. Be SMART!
3. Bring **extra spending money** for snack and miscellaneous items you may want to purchase on your own.

Forms

This individual camper application contains the following necessary items and must be on file and have the proper signatures before a player will be allowed to travel to camp or participate:

- Emergency information
- Medical insurance
- Pre-existing conditions
- Helmet warning
- Agreement to participate
- Medical release
- Release of liability

Insurance

Campers must have personal family medical insurance to attend WolfPack Summer Team Camp. Each Spokane high school will provide athletic trainers at all times and hospital facilities are readily accessible. Every effort will be made to protect each camper's health and safety.

Transportation

We will be taking a bus and the team will transport to every location together on the bus.

Accommodations

We will be staying at the Red Lion hotel at the Park in Spokane. 303 West North River Drive, Spokane, WA

Meals

- Breakfasts - Red Lion hotel
- Lunches - purchased from host schools each day
- Dinners - pre-arranged at Spokane area restaurants



June 20-23, 2016

Spokane, WA
Coeur d'Alene, ID



WOLFPAK



2016 WolfPack Summer Team Football Camp Application Form

Participant Information

Participant Name (Print)		Date of Birth
Home Address		
City	State	Zip
Home Phone		Cell Phone
Participant Email Address		
School		Grade-Fall 2016
Height	Weight	Age

Agreement to Participate

I am aware that playing or practicing any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in a *contact football camp* include, but are not limited to death, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the body.

Because of the dangers of participating in a *contact football camp*, the WolfPack Football coaching staff will employ safe practice procedures to minimize any chance for injury to a participant. I recognize the importance of following the coaching staff's instructions regarding playing techniques and training rules.

In consideration of the WolfPack coaching staff permitting me to participate in the *contact football camp* and to engage in all activities related to the team, including practicing and playing football activities, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless the WolfPack coaching staff, employees of Spokane high school coaching staffs, other athletic staff, physicians, and practitioners of medicine treating me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise by or in connection with my participation in any activities related to the *contact football camp*.

The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

Release of Liability & Risk

I release Glacier High School and any subdivision or unit of GHS, its officers, employees, and agents from any and all liability, claims, costs, expenses, injuries and/or losses that I or my child may sustain as a result of my child's participation in WolfPack Team Camp. My child's participation includes, but is not limited to, travel to and from the camp in a private vehicles and any activity connected with the camp itself, while using equipment or facilities from the event.

Medical Release

In consideration for the opportunity to participate in WolfPack Team Camp, I voluntarily agree to assume all risks involved in my child's participation in the *contact football camp* and all related activities. I understand that if I allow my child to participate, my child may be exposed to but not limited to the following: serious neck and spinal injuries that may result in complete or partial paralysis or brain damage. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that the WolfPack coaching staff cannot specifically anticipate and list here.

I have carefully read this document, understand its contents and am fully informed about the event and its circumstances and am satisfied that my child can safely participate in this event. I am aware that this document is a contract with the WolfPack Team Camp. I certify by my signature below that I am this child's parent or legal guardian. I sign this document freely and voluntarily.

Participant Printed Name	Date
Participant Signature	Date
Parent-Guardian Printed Name	Date
Parent-Guardian Signature	Date

Pre-Existing Medical Concerns

HAS THE CAMP PARTICIPANT HAD, OR CURRENTLY HAS ANY OF THE FOLLOWING: (CIRCLE IF APPLIES)

Concussions	Y	N	Allergies	Y	N
Joint/Bone Injury	Y	N	Asthma	Y	N
Heart Condition	Y	N	Surgery	Y	N
Contacts/Glasses	Y	N	Diabetes	Y	N
Other medical conditions not specified above:				Y	N

If yes, please explain below:

Helmet Warning & Care

WARNING: NO HELMET CAN PREVENT ALL HEAD OR NECK INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN FOOTBALL. Do not use your helmet to butt, ram, or spear an opposing player. This is in violation of the football rules, and such use can result in severe head, brain, or neck injury, paralysis, or death to you and possible injury to your opponent.

No helmet can prevent all such injuries. Your helmet is not a weapon; it is for your protection

It is suggested that everyday before practice, you perform the following five-step check of your helmet.

- Inspect helmet for obvious cracks, loose parts, of damaged cells or pads. Does it have air?
- Check the crown by pulling down on the helmet to make sure it doesn't slide over your eyes.
- Grasp face mask and turn helmet side to side. Be sure your skin wrinkles and that the helmet doesn't just spin
- Check that jaw pads touch cheeks and that ear hole aligns with ears.
- Check that chin strap is centered and snug. Check to see if snaps hold well.

Report any problems immediately to your coach or athletic trainer.

In the interest of fellow team members, it is asked that you leave an injured player on the ground. Do not help others up unless you are sure they are okay.

Report to practice will all protective equipment as designated for that practice. This includes mouthpieces, tail pads, etc. Anyone not properly dressed will be excused from practice until properly equipped. The entire camp staff will enforce this rule.

The items in the RED boxes, both Medical and Insurance information, MUST be filled in before this application form will be accepted.

Parent Contact Information

Parent/Guardian Name (Print)	
Parent/Guardian Home Address	
City	State Zip
Parent/Guardian Home Phone	Cell Phone
Parent/Guardian Email Address	

Insurance Info (please complete each line)

Primary Medical Insurance Company
Policyholder's Name (Print)
Group Policy # or Policy #
Claims Department Phone #