

# REGISTRATION FORM



## JUNIOR/SENIOR CAMP

Sunday, June 6  
9:00 a.m. — 4:00 p.m.  
Non-Padded

Please indicate your preferred position:  
(Select one offense and one defense only)

- |                                       |   |
|---------------------------------------|---|
| Offense:                              | Defense:                                  |
| <input type="checkbox"/> Quarterback  | <input type="checkbox"/> Linebacker       |
| <input type="checkbox"/> Running Back | <input type="checkbox"/> Defensive Tackle |
| <input type="checkbox"/> Receiver     | <input type="checkbox"/> Defensive End    |
| <input type="checkbox"/> Tight End    | <input type="checkbox"/> Defensive Back   |
| <input type="checkbox"/> Lineman      |   |

Cost: \$50

## INDIVIDUAL PADDED CAMP

Thursday, June 17 - Saturday, June 19  
Entering 9th–12th grade (Padded)  
Entering 5th–8th grade (Non-Padded)  
Please indicate your preferred position. You can only work one position per defensive and offensive session.

(Select one offense and one defense only)

- |                                       |   |
|---------------------------------------|---|
| Offense:                              | Defense:                                  |
| <input type="checkbox"/> Quarterback  | <input type="checkbox"/> Linebacker       |
| <input type="checkbox"/> Running Back | <input type="checkbox"/> Defensive Tackle |
| <input type="checkbox"/> Receiver     | <input type="checkbox"/> Defensive End    |
| <input type="checkbox"/> Tight End    | <input type="checkbox"/> Defensive Back   |
| <input type="checkbox"/> Lineman      |   |

Pad Rental \$20:  Yes

Cost: \$285 (pro-rated at \$95/day), Overnight  
\$250 (pro-rated at \$80/day), Commuter  
Deposit: \$100 (Due with Registration Form)

Resident  Commuter

Total cost for pro-rated camper is due with registration form.

## LITTLE CYCLONE CAMP

Wednesday, June 16  
8:00 a.m. — 12:00 p.m.  
Non-Padded  
Entering grades K–5

Cost \$50

## SPECIAL TEAMS CAMP

Wednesday, June 16  
9:00 a.m. — 3:00 p.m.  
Non-Padded  
Please indicate preferred position(s):

- Kicker  
 Punter  
 Longsnapper

Cost: \$75

Name: \_\_\_\_\_ Age at camp: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Grade (Fall of 2010): \_\_\_\_\_ T-Shirt size: M L XL XXL  
E-mail: \_\_\_\_\_  
School: \_\_\_\_\_ Coach: \_\_\_\_\_ Year of H.S. Graduation: \_\_\_\_\_  
Roommate/preference: \_\_\_\_\_

### RELEASE AND MEDICAL AUTHORIZATION (form may be copied; must be returned with application form)

The release and the treatment authorization must be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the camp/clinic must also sign. In order for students to participate in camp activities, we must have this form prior to camp start date. Otherwise, parent or guardian must be contacted prior to release to participate.

### PHYSICIAN'S AUTHORIZATION

This is to certify that this individual was examined by me on (valid if within one year of camp) and that I found this individual to be physically able to participate in vigorous physical and competitive athletic sports. (School physical form acceptable if valid within one year of the starting date of camp).

Date of last physical exam: \_\_\_\_\_ Allergies/drug sensitivities: \_\_\_\_\_

Other medical problems/current medications: \_\_\_\_\_

Signed (Physician): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Office phone: \_\_\_\_\_

### RELEASE OF LIABILITY AND MEDICAL AND SURGICAL AUTHORIZATION

In consideration of the Cyclone Sports Camps/Clinics of Iowa State University granting the student permission to participate in Cyclone Sports Camps/Clinics, I hereby assume all risks of his or her personal injury (including death) that may result from and Sports Camp/Clinic activity. As guardian I do hereby release the State of Iowa, Iowa State Board of Regents, Iowa State University, Cyclone Sports Camps/Clinics and their officers, employees, and agents, and all instructors and all participants in said Sports Camps from all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, which may result from the student taking part in Sports Camp activities. In addition, I hereby authorize and give my consent to the health authorities of Iowa State University or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment, parental authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Iowa State University Student Health Service or other hospitals and clinics.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp. (Each camper must provide his/her own medical insurance).

### INSURANCE INFORMATION (please print)

Name (Parent or Guardian): \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Does your insurance carrier require prior approval?  Yes  No

### MAKE CHECK PAYABLE TO: ISU FOOTBALL CAMPS

Payment by credit card:  Visa  Mastercard \*There is a \$3 processing fee for all credit card transactions

Signature: \_\_\_\_\_ Account #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

### MAIL TO

Iowa State Football Camps  
Iowa State University,  
Jacobson Athletic Building,  
Ames, Iowa 50011  
Phone: 515-294-6721  
Fax: 515-294-8741

Register on-line at:  
www.iowastatefootballcamps.com

For office use only:  
Deposit: \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Physical: \_\_\_\_\_  
Rec'd: \_\_\_\_\_