

# Augustana Football Camp



**\*\*June 24, 2023 1:00-3:30pm @ Lindberg Stadium, Augustana College \*\***

**2024: Rising Seniors Recruiting Program 10:30am-12:30pm - Campus Tour, Recruiting Presentation, Lunch**

Visit [augustanafootballcamp.com](http://augustanafootballcamp.com) for additional information, or contact Mark Reade ([markreade@augustana.edu](mailto:markreade@augustana.edu), 309.794.7597)

### REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

email: \_\_\_\_\_

High School: \_\_\_\_\_

HS Graduation Year: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Off. Pos: \_\_\_\_\_ Def. Pos: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent's Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### 2024 Grads:

**10:30am Rising Seniors Recruiting Program**

**Campus Tour/Presentation/Lunch:**

\*Yes \_\_\_\_\_ No \_\_\_\_\_

\*Yes—How many in your family for lunch \_\_\_\_\_

### WAIVER: THIS SIGNED DOCUMENT MUST BE COMPLETED AND RETURNED TO PARTICIPATE

In consideration of being permitted to participate in the Augustana College football camp, I (Participant) \_\_\_\_\_ hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport of football and am aware of the potential for injury while participating. I release Augustana College and all employees of the football camp from all liability for personal injuries or property damage that results from causes beyond the control of, and without the fault or negligence of Augustana College its employees and officers.

I certify that \_\_\_\_\_ has my permission to participate in the Augustana Football Camp with my full knowledge that he is covered by the personal or family medical insurance plan listed below. In case of injury or emergency incurred at the camp, I also grant officials of the Augustana Football Camp permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the Augustana Football Camp, Augustana College, and other staff members from any liability for injuries while at camp. In addition, I certify that my son is not ingesting any sports performance supplements.

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

Policy # \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### What to Bring:

Running Shoes, Cleats, Mouthpiece, Helmet and Shoulder Pads

\* (Skill players can bring their own football)

Trainer on site - Locker room available on campus

\* Please see your High School coach for equipment

Register online or mail form and \$50 Check Payable to:

**Augustana Football Camp**

c/o Steve Bell, Head Football Coach

Augustana College - 639 38th Street

Rock Island, IL 61201

REFUNDS ONLY IF CAMP IS CANCELLED