



Cheyney University

Department of Athletics

2009 Football Camp Information



All camps are located on the campus of Cheyney University

1.) Team Camp (Overnight):

This camp is for high school teams only. High school coaches work out the teams with collegiate coach's suggestions, resources and support.

Price: Overnight Camper: \$225.00. Commuter: \$175.00

Incentive: Teams bringing over 40 campers will receive 5 campers registration fee

Date: July 20th - 23th 2009

Time: Three 2-hour sessions per day, starting at 9 am.

Ages: High school age

Includes: T-shirt, meals and room (campers must bring own linen)

Players can bring their own helmets.

2.) Jamaal Jackson's Big Man's Camp (Overnight)

This camp is designed to train defensive and offensive line techniques. Philadelphia Eagles superstar, *Jamaal Jackson* will make an appearance.

Price: \$80.00 per camper, \$70.00 commuter

Date: July 17th - 18th 2009

Time: Three 2-hour sessions per day, starting at 9 am.

Ages: High school age

Includes: T-shirt, meals and room (campers must bring own linen)

No helmets or pads needed

3.) 7-On-7 Shootout (Day Camp only)

Team 7 on 7 football competition.

Price: \$175.00 per team

Date: June 27th 2009

Time: Two 3-hour sessions

Ages: High school

Includes: Meals

No helmets or pads needed

+ The Philadelphia Eagles Youth Camp at Cheyney University

The Philadelphia Eagles Youth Football Camps are non-contact football programs teaching athletic skills, football skills and life skills.

Price: Contact Philadelphia Eagles Youth Camp Office at 888-226-9919

Date: Monday, July 27 – Friday, July 31, 2009

Times: 8:00 a.m. – 3:00 p.m.

Ages: Boys and Girls, ages 6-14 years old

Info/registration:

https://www.prosportsexperiencestore.com/eagles_registration.cfm?team=eagles

2009 CU in the Summer Camps Application

Check all sessions you wish to attend (Separate costs and deposits apply)

- Philly Eagles Youth Football Camp** (Register at: prosportsexperience.com/eagles/ or 888-226-9919)
- Jamaal Jackson BIG MAN Football Camp** - \$80 Overnight, \$70 Commuter) (June 1 Deposit \$50)
- Football Team Camp** - \$225 Each Overnight, \$175 Each Commuter) (June 1 Deposit \$100)
- 7-On-7 Shootout Football Camp** - \$175 per Team (non-residential) (June 1 Deposit \$100)
- Stephens & Stephens Basketball Camp** - \$250 each, Groups: \$175 per person (June 1 Deposit \$150)
- On the Wrice Track Camp** - \$200 per Session (non-residential) (June 1 Deposit \$100)
- All-Skills Volleyball Camp** - \$115 Total (non-residential) (June 1 Deposit \$50)

Camper's Last Name _____ First Name _____

Address _____ City/State/ZIP _____

Home Phone _____ Age _____ Date of Birth _____

E-mail address of camper and/or parent's e-mail _____

Grade (as of Fall, 2009) _____ School _____

Roommate request, if residential camp (full name) _____
ALL ROOMS ARE DOUBLE-OCCUPANCY ONLY (NO SINGLES)

CAMPER HEALTH RECORD

Emergency Information:

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Insurance Information:

Company _____ Policy # _____

Policyholder's Name _____

Medical History:

Primary Care Physician: _____ Phone _____

Last Tetanus Immunization _____

=====

Please list any current medications, allergies, and surgeries, physical restrictions, chronic or recurring illnesses. If more space is needed, submit a separate sheet with this application.

PARENT AUTHORIZATION AND CONSENT TO TREATMENT

The above-stated information is accurate to the best of my knowledge. My son/daughter/ward has my permission to participate in camp activities and to be treated by the camp medical staff in case of injury or when medication needs to be administered. I authorize the Cheyney University Camps training staff to release medical information for the participant to the parents and physicians in case of emergency. Furthermore as the parent/legal guardian for this child, I understand it is my responsibility to provide the Cheyney University Camps with a complete and valid physical examination for this camper prior to the start of camp.

Parent/Guardian's Printed Name: _____

Parent/Guardians' Signature: _____

Cheyney University Consent Forms

Please complete one form for **each** child participating in activities

Informed Consent Release & Express Assumption of the Risk (Required)

I, _____, Parent of/Guardian of _____ desire for him/her to participate in _____ (Describe event with particularity) at or through Cheyney University on _____ (Dates & Times).

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible harm or injury, specifically but not limited to strains, sprains, dislocations, broken or fractured bones, cuts, or bruises. I understand and appreciate that such injury could also include, without limitation, serious neck and spinal injuries which may result in partial or total paralysis; brain damage, loss of sight, hearing, sense of smell, serious or permanent injuries to all bodily organs and functions; serious injury to all or part of the musculoskeletal system, all of which may detrimentally impact my child's general health and well-being for the rest of my child's natural life. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow my child to participate in the designated activity.

In accepting this risk I explicitly release, discharge and waive any and all claims, demands, and causes of action of whatever nature that I or may heirs may have against Cheyney University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania, and the employees, officials, or agents of any and all of the foregoing, pursuant to, or pertaining or related to, or arising from, in any manner, injuries to my child as a result of my child's participation in this activity.

By my signature below, I certify that I completely understand this document. I certify that I am eighteen years of age or older, and am not under the influence of any drugs or alcohol.

Signature of Parent or Guardian _____ Date _____ Signature of Minor (if applicable) _____ Date _____

Model Release Form (Optional)

I, (we), hereby grant Cheyney University permission to use and publish photographs of me or the minor listed below, or in which I/they may be included, for purposes of editorial, trade, advertising, display, or exhibition use including Cheyney University publications and advertising of every description. I have read this release and fully understand its contents. Receipt of full consideration is hereby acknowledged and no further claim of any kind will be made by me. No representations have been made to me.

Name of Minor (please print) _____

Address _____ City _____ State _____

Parent's Address _____ City _____ State _____

I, (we), _____, am the parent or legal guardian of the minor named above, and hereby consent to this photograph's use, subject to the terms mentioned above. I affirm that I have the legal right to issue this consent.

Parent/Guardian Signature _____ Date _____

Health Record (Required)

Student's Name _____ Birth Date (M/D/Y) _____ Age _____ Sex M F

Parent's Home Phone # _____ Other Phone # _____

Emergency Contact E-mail Address (if available) _____

Pertinent Medical History _____

List Current Medications/Dose/Time _____

Allergies (include food allergies) _____

Name of Insurance Company _____ Policy # _____

Address of Insurance Company _____ Last Date of Tetanus Toxoid _____

Name & Phone # of other person to be notified in case of accident/ illness if parent is not at home: _____

I give Cheyney University permission to seek medical treatment in the event of an accident and/or illness for my son/daughter.

Parent/Guardian Signature _____

Date _____