

CAMPER'S HEALTH FORM - REQUIRED

To be completed by camper's parent or legal guardian.

Please enclose special accessibility accommodation request(s).

CIRCLE YES/NO/NONE OR ENTER INFORMATION

ALL INFORMATION MUST BE COMPLETED IN ORDER TO

PARTICIPATE IN THE CAMP.

YES/NO Asthma YES/NO Convulsions/Seizures

YES/NO Heart Disease YES/NO Bleeding Disorders

YES/NO Diabetes YES/NO Rheumatic Fever

YES/NO Head Injury/Concussions

Allergies To Drugs / NONE _____

Allergies To Foods / NONE _____

Current Medications / NONE _____

Chronic Or Recurring Illnesses / NONE _____

Operations/Injuries (including dates) / NONE _____

Physical Restrictions / NONE _____

Physician Name _____

Physician Telephone _____

Camper's Date of Birth ____/____/____

INSURANCE INFORMATION - REQUIRED

Insured Name _____

Name of Company _____

Address _____

Policy Number _____

Phone Number _____

A doctor's release must be attached if camper is recovering from a recent illness or injury, or if he/she will be participating with a cast or splint.

Note: Camp includes much physical activity. Participants are encouraged to be properly conditioned.

**Consent To Treatment
Limitation and Waiver of Liability**

In partial consideration of our child's acceptance into the Northern Illinois Track & Field Camp, I/we as parents of **Camper's Name**

do hereby agree to limit the liability of the Northern Illinois University Sports Camps, Northern Illinois University, its employees, agents, officers, staff and physicians, to the coverage of the medical insurance policy covering participants in the Northern Illinois University Sports Camps as explained in this brochure, which we have read and understand. I/we further agree to waive all liability, except for loss caused by gross negligence, of the Northern Illinois University Sports Camps, the Board of Trustees of Northern Illinois University, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named camper while traveling to or from, or during his/her attendance at the Northern Illinois University Sports Camps, which is not covered by said medical insurance policy.

Further, I/we hereby grant permission to the staff and physicians of Northern Illinois University, and medical or surgical consultant deemed advisable, and any hospital to render to the above-named camper any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

This health history is correct to the best of my/our knowledge and my/our son/daughter has my/our permission to participate in camp activities with the exception of those noted under physical restrictions.

I authorize Kishwaukee Community Hospital, University Health Service and the DeKalb Clinic to release medical information regarding the above named participant to interested parties including parents and family physician.

PARENT OR LEGAL GUARDIAN'S NAME (printed)

SIGNATURE

DATE

PHONE: Day

PHONE: Emergency

PHONE: Cell



The N.C.A.A. stipulates that this camp or clinic is open to any and all entrants (limited only by number, age, grade level and/or gender).

**NORTHERN
ILLINOIS
UNIVERSITY**

**TRACK & FIELD
CAMP
JUNE 27 - JULY 1**



Northern Illinois University
Sports Camps
Convocation Center 219
DeKalb, IL 60115
815.753.5300

For camp specific information, please contact:
Kevin Dwyer
Assistant Track & Field Coach
815.753.0836 or kdwyer@niu.edu

TRACK & FIELD CAMP

Location:

NIU Soccer and Track & Field Complex on NIU's DeKalb Campus.

Participants:

Boys and girls, entering HS - Fall, 2010 through seniors.

Cost:

Overnight - \$400
Commuters - \$275

Team Discount:

Overnight - \$350 per camper
Commuters - \$250 per camper
*Must have five or more athletes from the same team.
Coaches must call 815.753.5300 to reserve your team's spot **before** campers register.

What to Bring:

Participants should bring blankets, sheets, a pillow, towels, a fan, toiletries, water bottle, sunscreen, alarm clock, socks, shorts, t-shirts, sweat clothing, gym shoes and track spikes. Commuters should wear appropriate practice attire. Avoid bringing valuables, as Huskie Sports Camps are not responsible for lost/stolen articles. A small amount of extra spending money is suggested.

Refund Policy:

There is a \$45 non-refundable fee for all cancellations made prior to camp. There will be no refund upon voluntary withdrawal or upon expulsion from the camp.

Insurance and Medical Care:

First aid staff will be on call during camp activity sessions. A parental authorization/release of information form is included and must be returned with the registration form. All insurance information must be complete or the camper may not participate. All participants must have proof of insurance. Campers who do not have insurance will be responsible for all medical payments.

Housing & Dining/Check-In/Check-Out:

All Housing & Dining will be at Grant Towers South. The first meal will be dinner on Sunday. The last meal served will be breakfast on Thursday. Check-In will begin at 3:00pm on Sunday. Check-Out will begin at 12:00pm on Thursday.

Camp Staff:

Connie Teaberry

Head Track & Field/Cross Country Coach
Specialty: Jumps, Sprints, Hurdles

Mark McConeghey

Assistant Track & Field/Cross Country Coach
Specialty: Distance

Kevin Dwyer

Assistant Track & Field Coach
Specialty: Throws, Pole Vault, Combined Events

Andres Young

Volunteer Assistant Coach
Specialty: Motivation

Stephanie Young

Volunteer Assistant Coach
Specialty: Nutrition

Kyra Lobbins

Team Manager

Typical Day:

Breakfast	7:30am
Group Warm-up	9:00am
Event Specific Session #1	10:00pm
Lunch	12:00pm
Group Lecture	1:00pm
Event Specific Session #2	2:30pm
Commuter Dismissal	4:00pm
Dinner	5:00pm
Evening Activity	6:00pm
Lights Out	10:00pm

NIU Camp Invitational:

Parents are welcome to attend the Camp Invitational beginning at 10:00am on Thursday, July 1. Check-Out will proceed directly after meet concludes.

Camper's Name: _____

Parent/Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Day Phone: _____

Parent/Guardian E-mail: _____

High School: _____

Age: _____ Weight: _____

Events: _____

Payment Information:

- ◇ Overnight - \$400
- ◇ Commuter - \$275
- ◇ Overnight Team - \$350
- ◇ Commuter Team - \$250

Total Amount: _____

(Make checks payable to NIU)

Mail to: NIU Sport Camps
Convocation Center 219
DeKalb, IL 60115

Credit cards accepted at
www.niuhuskies.com.

