

TEAM CAMP REGISTRATION

Name: _____
Address: _____
City, State, Zip: _____
Player Cell: () _____ - _____
Home: () _____ - _____
Age: ___ Year in School Fall 09: Fr So Jr Sr
Position OFF: _____ DEF: _____
T-Shirt Size: _____
HT: _____ WT: _____
Circle One: Overnight Camper / Commuter

Consent for medical treatment & consent to participate.

I/we promise to conform to the rules and regulations of the Dakota State University team camp. I understand that no participant will be admitted to the camp without proof of insurance coverage satisfactory to DSU. I/we hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency. As a condition of enrollment, the following disclaimer of liability must be signed and dated by the participant's parent or legal guardian. The participant, in attending football camp in 2009 and in using DSU and MHS facilities, does so at his own risk. Dakota State University, its athletic department and its staff shall not be liable for any damage arising from personal injury sustained by participants during camp, or at DSU and MHS facilities. The participant and his parent/guardians assume full responsibility for any damages or injuries that may occur to the participant during this camp and so hereby, fully forever exonerate and discharge, release and hold DSU, staff employees, and or agents from any and all claims, demands, damages, right of action or causes of action present or future whether the same be known anticipated, or unanticipated resulting from or arising out of the participation in football camp 2009 and in the use of the facilities. I/we certify, that to the best of my/our knowledge, the participant is in good physical condition and has no disease or injury or medical condition that would impair performance in activities participated in during these camps.

Signatures

Player: _____
Parent/Guardian: _____
Medical Insurance Company: _____
Group Number: _____
Contract No.: _____

DAKOTA STATE UNIVERSITY FOOTBALL
1302 N. Washington Ave
Madison, SD 57042



DAKOTA STATE UNIVERSITY TROJAN FOOTBALL CAMP



2009 TEAM FOOTBALL CAMP

TEAM CAMP

8 & 9 / 11 Man Camp - July 19-21, 2009

Individuals Welcome

TEAM CAMP GENERAL INFO

RATES:

\$75 per player

WHAT TO BRING:

Helmet, shoulder pads, mouth guard, football pants, with appropriate pads, two sets of work out clothes, football shoes.

Overnight campers also bring workout shoes, swimming trunks, towels, pillow, blanket, set of twin sheets, and money for additional camp clothing, items, drinks and snacks.

REPORT TO CAMP:

8/9 and 11-Man Teams:

Report to camp Sunday July 19th at noon in the DSU Fieldhouse.

PHYSICAL CHECK-UP:

Each camp participant must have a physical check up prior to camp. The physical must be valid for the 2009-10 sports year. No paperwork is necessary, but the high school coach must ensure that all participants have received a physical.

OVERNIGHT LIVING QUARTERS:

All overnight campers will be housed in an air conditioned college dorm room with 24 hour supervision.

DIRECTION TO DSU FIELDHOUSE:

DSU Fieldhouse is located at 1302 N. Washington Ave; Madison, SD. Please Use Mapquest or Google Maps for exact directions.

INDIVIDUAL CAMPERS:

All individual campers are encouraged to register, and will be coached by current football DSU coaches and/or athletes.

TENTATIVE TEAM CAMP SCHEDULE

Day 1:

12:00 PM
2:40 PM
3:15 PM
3:45 PM
4:00 PM
5:00 PM
6:15 PM
6:30 PM
7:40 PM
8:15 PM
9:20 PM
9:30 PM

Registration / Check-In
Team Prep Time (Optional)
Camp General Meeting
DSU Warm-Up / Stretch
Individual Practice #1
Individual Practice #2
Coach Dinner and Meeting
Dinner at Field House
Team Organizational
7-on-7/ and OL-DL Session
Player Free Time
Coach's Social at Stadium

Day 2:

7:30 AM
9:00 AM
9:20 AM
10:20 AM
10:40 AM
12:00 PM
1:45 PM
2:00 PM
2:30 PM
3:50 PM
5:00 PM
6:35 PM
6:55 PM
7:50 PM
8:10 PM
9:15 PM
9:30 PM

Breakfast at Trojan Center
Warm-Up / Stretch
Individual Practice #3 DSU Offense
Team Organizational
Team Competition 1
Lunch at Field House
Warm-Up / Stretch
Team Organizational
Team Competition 2
Individual Speciality
Dinner at Field House
Warm-Up / Stretch
Individual Practice #4 DSU Defense
Team Organizational
7 on 7 OL/DL Session
Player Free Time
Coaches Social at Stadium

Day 3:

7:15 AM
9:00 AM
9:20 AM
9:40 AM
10:35 AM
11:30 AM
12:00 PM

Breakfast at Trojan Center
Warm-Up / Stretch
Team Organizational
Team Competition 3
Trojan Competition
Final Camp Meeting
Check Out

REGISTRATION

To register, please complete and return all registration forms to Coach Josh Anderson. Also, please make checks payable to:
DSU Football

MAIL TO:

Coach Josh Anderson
DSU Trojan Football
1302 N. Washington Ave
Madison, SD 57042

