



# YOUTH FOOTBALL CAMP

**ALERUS CENTER, April 15-16, 2008**

**University of North Dakota**

**Grades 3-5**

Join us April 15-16 to learn the game of football and have fun while doing it. This spring the Fighting Sioux football staff and team are offering an evening camp for third through fifth graders. Campers will develop football skills including passing, catching, punting, kicking, tackling, blocking, etc., and will participate in various football games. No equipment will be needed. The camp will run from 6:30-8:30 PM at the Alerus Center with a cost of \$45.

**Registration will run from 5:30-6:15 PM on April 15, 2008 (Door 2, Southwest Entrance).**

Please detach the registration shown below and either mail or fax to:

**PO Box 9013**

**UND Football Office  
Grand Forks, ND 58202**

**Fax: (701) 777-2190**

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**Application & Registration Form for 2008 UND Fighting Sioux Youth Football Camp**

**PLEASE PRINT**

Please check:  **\$45 Non-Refundable** Registration Fee Enclosed  Will Pay at the Door

**PLEASE PRINT** Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Adult Size T-shirt (circle) S M L XL

Home Phone: (\_\_\_\_) \_\_\_\_\_ Daytime/Work Phone: (\_\_\_\_) \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Please note any medical condition we should be aware of: \_\_\_\_\_

I understand the UND Sioux Athletic Camp director and instructor will **NOT** be held responsible for injuries or loss of property while the above student is attending the camp. I do hereby release the State of North Dakota, University of North Dakota, it's officers, agents and employees from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the UND Athletic camp of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills or other expenses which could be incurred as result of treatment given the about named student for illness or injury while attending or subsequent to attending the UND camp. I hereby authorize the staff of the UND Camp to act for me according to their best judgement in any emergency requiring medical attention. I further understand the camp retains the right to use, for publicity and advertising purposes, photographs of campers taken at the camp.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Checks Payable to: **UND**

Phone: (701) 777-4193

Fax: (701) 777-2190

**Mailing address: UND Football P.O. Box 9013 Grand Forks, ND 58202-9013**