

Additional Camp Staff



Rick Smith
Asst. Head Coach/DB's



Todd Fitch
Off. Coord./QB's



Steve Shankweiler
Off. Coord./OL



Donnie Kirkpatrick
Rec. Coord./WR's



Junior Smith
RB's



Phil Petty
TE's



Greg Hudson
Def. Coord./LB's



Vernon Hargreaves
Special Teams/DE's



Rock Roggeman
DL



Dwayne Ledford
GA/Offense



Reed Case
Dir. Of FB Amdin



Clifford Snow
Dir. Of Football Ops.



Harold Robinson
Dir. HS Relations

2009 Pirates' Opponents



Home Games
Appalachian State
Rice
Southern Miss
Virginia Tech
UAB
UCF

Road Games
Marshall
Memphis
North Carolina
SMU
Tulsa
West Virginia



Skip Holtz East Carolina

2009

Football Camps



Junior Pirate Camp: June 11-12
Skill Positions Camp: July 19-21
O / D Lineman Camp: July 19-21
Beast of the East Passing
Tournament: June 13

Junior Pirate Camp

This camp is for students going into 1st through 8th grade in the fall of 2009. Instruction will focus on the fundamentals of each position, blocking, tackling, passing, receiving and running techniques. Campers will also be divided into teams and games will be played. Discipline and teamwork will be stressed. Junior Pirate Campers should wear shorts, t-shirts and sneakers and bring own cleats.

Skill Positions Camp

This camp is for students entering 9th through 12th grade in the fall of 2009. The staff will provide instruction related to the specifics of the skill positions on offense (QB, RB, WR, TE) and defense (DB, LB). We will teach the same techniques that we coach our ECU players on. Skill positions campers must bring own helmet, mouth piece and cleats.

All overnight campers should also bring single sheets, blanket, pillow, towel, soap and toiletries, sunscreen, t-shirts, practice shorts, underwear, socks, and casual clothing for free time.

Padded Offensive/Defensive Lineman Camp

This camp is for students entering 9th through 12th grade in the fall of 2009. The O/D Lineman Camp instruction will focus on the techniques and fundamentals to be successful at the offensive line and defensive line positions. Group drills and one on one drills will be taught. O/D Lineman campers must bring own helmet, shoulder pads, mouth piece, jersey and cleats.

All overnight campers should also bring single sheets, blanket, pillow, towel, soap and toiletries, sunscreen, t-shirts, practice shorts, underwear, socks, and casual clothing for free time.

Beast of the East Passing Tournament

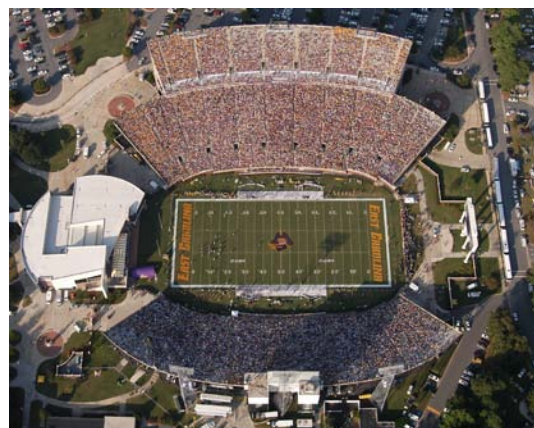
This camp is for teams (minimum of 15 players) made up of students entering the 9th through 12th grade this fall. It is a 7 on 7 passing tournament pitting the offense of one team against the defense of another. All members of each team must bring own helmet, mouth piece, cleats, and home and away jerseys.

NCAA rules prohibit participation of any "senior prospective student athletes" in camp. A senior is defined as any student that has already started his senior year in high school.

Location

All camps are located on the beautiful campus of East Carolina University in Greenville, North Carolina. Overnight campers will reside in Tyler Residence Hall (a dormitory that is within walking distance of Dowdy-Ficklen Stadium). Registration for all camps will be in the Murphy Center at Dowdy-Ficklen Stadium.

Dowdy-Ficklen Stadium



Arrival & Departure

JUNIOR PIRATE CAMP – JUNE 11-12

Day Camp Thursday 8:30 am -5:00 pm

Friday 8:00 am -5:00 pm

Registration 8:00 am Murphy Center

SKILL POSITIONS CAMP – JULY 19-21

Arrival: Sunday; Departure: Tuesday

Registration 1:00-3:00 pm Murphy Center

O/D LINEMAN CAMP – JULY 19-21

Arrival: Sunday; Departure: Tuesday

Registration 1:00-3:00 pm Murphy Center

BEAST OF THE EAST PASSING TOURNAMENT- JUNE 13

One day only / Lunch for Sale

Registration 10:00 am Murphy Center



Cost

JUNIOR PIRATE CAMP

Daytime Camper – \$100.00

(Lunch included)

SKILL POSITIONS AND O/D LINEMAN CAMP

Overnight Camper – \$240.00

Daytime Camper – \$180.00

(Day camper meal plan does not include breakfast)

NCAA rules require each camper to be paid in full before participating in camp. No free or reduced admission privileges are permitted by rule.

BEAST OF THE EAST PASSING TOURNAMENT

Day Camp – \$300 / Team

Includes 15 T-Shirts (extras for sale the day of)
Lunch will be available for purchase - \$7 / person

Registration

Send \$100 deposit or full payment and Xeroxed registration and release forms to:

SKIP HOLTZ/ECU FOOTBALL CAMP
EAST CAROLINA UNIVERSITY
203 WARD SPORTS MEDICINE BLDG
GREENVILLE, NC 27858

*Make checks payable to **ECU Football Camp**

Space in the camp can only be guaranteed if pre-registration is received by May 15, 2009.

The pre-registration deposit is not refundable.

BALANCE IS DUE AT REGISTRATION.

CASH OR MONEY ORDER ONLY. **NO CHECKS AT REGISTRATION!**

Insurance

All campers are provided with an accident insurance policy that provides primary coverage for accidental injuries subject to the terms and conditions of the policy with the following benefit limits:

\$5,000 Accidental Medical Expense
\$250 Accidental Dental Expense

Questions

For further information contact Ryan Mills at the ECU Football Office at
(252) 737-4568 or 1-800-328-7767

2009 Skip Holtz/ECU Football Camp Application

Name (please print) _____ Email Address _____
Street Address _____ City _____ State _____ Zip Code _____
Daytime Phone (_____) _____ Evening Phone (_____) _____
Age _____ Height _____ Weight _____ Date of Birth _____
School _____ Grade (Fall, 2009) _____
Offensive Position(s) _____ Defensive Position(s) _____

Attending (check camp and overnight / day selection):

Junior Pirate Camp
June 11-12

- Day Only

Skill Positions Camp
July 19-21

- Daytime Camper
- Overnight Camper

Offensive and Defensive Lineman Camp
July 19-21

- Daytime Camper
- Overnight Camper

Beast of the East Passing Tournament
June 13

- Day Only

If Overnight, 1 Roommate Preference (2 campers per room) _____

I hereby give permission for my child to attend the Skip Holtz/ECU Football Camp.

Signed _____ Date _____

MAIL OR FAX TO: ECU Football Office – Camp
203 Ward Sports Medicine Bldg.
Greenville, NC 27858
FAX: (252) 737-4646

[If faxed, deposit check must be mailed immediately following fax]

FOR OFFICE USE	
Camp Amount _____	Date _____
Deposit Paid _____	Receipt # _____
Check / MO / Cash _____	
Balance Paid _____	Receipt # _____
Check / MO / Cash _____	

**Skip Holtz/ECU Football Camp
UNCONDITIONAL AND FULL GENERAL RELEASE
AND COVENANT NOT TO SUE**

PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGES PARTICIPATING IN THE CAMP.

In return for East Carolina University allowing me/my child ("Participant") to participate in the Skip Holtz/ECU Football Camp ("Camp") and other good and valuable consideration, I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I state and affirm that I am the Participant/Participant's Parent/ Guardian, and am fully competent to read and sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant (if I am signing on behalf of my child), and for my/Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.
2. That I understand that I/Participant am/is participating in the Camp freely and voluntarily and the Camp is not required by East Carolina University. I acknowledge that my/Participant's participation in the Camp is a privilege and that this privilege is a tangible benefit to me/Participant.
3. I/Participant am/is familiar with and will obey, any and all of the rules established for the Camp.
4. I/Participant and I understand and appreciate the inherent risks and dangers of participating in the Camp that could result in property damage and/or personal injury, including aggravation of pre-existing health conditions, including, but not limited to heart-related conditions, or death; and I/Participant and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/Participant's participation in this Camp.
5. That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY EAST CAROLINA UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in the Camp, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/Participant's participation in this Camp.
6. I agree to assume all risks and costs related with my/Participant's participation in this Camp.
7. That in the event that I/Participant am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Camp, I hereby give permission to a Physician selected by the Camp's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/Participant.
8. That I have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

X _____
Signature of Parent or Guardian Date

NAME _____
Print Parent/Guardian Name

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

MEDICAL CONSENT AND TREATMENT RELEASE

Camper Name: _____ Camp: ECU/Skip Holtz Football Camp

Check one of the following and sign below.

_____ In the event of illness or injury, I understand that every attempt will be made to treat my child's injury or illness by the camp medical staff. In the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel selected by the Camp, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery for, and to take any other medical actions necessary to treat my child. I will be responsible for any medical, or other, charges connected with my (son's or daughter's) attendance at camp and acknowledge that Camp will contact me at the numbers I provide below if such measures are taken.

_____ I do not want any type of medical treatment provided to my child.

_____ Print Parent/Guardian Name Parent/Guardian Signature Date

MEDICATIONS, ALLERGIES, and MEDICAL HISTORY

1. What medication(s), if any, is the camp participant presently taking? Please give details.

2. Will the camp participant bring this medication to the camp? YES NO
If yes, will the camp participant need assistance when taking medication? YES NO
If so, what type of assistance? _____
3. Is the camp participant allergic to any drugs, bee stings, foods, etc.? YES NO
If yes, please specify: _____
4. Is there any physical restrictions placed upon this camp participant? YES NO
If yes, please specify: _____

By signing, I agree that the above information is true and correct.

_____ Parent/Guardian Signature

MEDICAL INSURANCE INFORMATION (optional)

I understand that the provision of my/my child's insurance policy information is strictly optional. This information is being requested strictly for the purpose of providing this information to medical providers who may request/require this information incident to the provisions of medical services to me my child.

Insurance Company Name _____
Insurance Company Phone # _____
Policy Number _____ Plan _____
Policy Holder Name _____ Camper Date of Birth: _____

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: _____
Address: _____
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ Pager #: _____

If ECU Sports Medicine is unable to contact the above mentioned person, whom should be contacted next:

Name: _____ Phone #: _____