

NIU



FootballCamp

WHO IS ELIGIBLE

The camp is designed for boys, ages 12-18, offering specific groupings by size and age. Students who have completed their senior year of high school are not eligible to attend.

COST

Registration fee before May 15th - Early Bird Discount
Resident (Overnight) - \$279 Commuter (Day) - \$234

Registration fee after May 15th
Resident (Overnight) - \$310 Commuter (Day) - \$260

Team Registration
Resident (Overnight) - \$264 Commuter (Day) - \$221

The resident camp fee includes instruction by top collegiate coaching staff, housing, unlimited food at all meals, athletic training services, camp t-shirt, certificates, and presentations by special guests. Commuters receive all the features of the residential camp, with the exception of overnight lodging and breakfast. Full payment must be received by May 15th to receive the early bird discount.

TEAM DISCOUNT

An organized team of 15 or more individuals are invited to attend camp together. **Coaches must supply the roster of team members in advance of registration.** Please call 815-753-5300 to reserve your team's spot.

All registrations for a team must be paid in full by June 5th or each camper will be charged the remaining balance of the standard registration fee (\$310/\$260).

CHECK IN / CHECK OUT

Check in on June 12 is from 12:30-2:00 p.m. at Grant Towers South. Check out on June 15 will be at 11:30 a.m. at Grant Towers South.

WHAT TO BRING

Campers should bring blankets, sheets or a sleeping bag, a pillow, a fan, towels, toiletries, alarm clock, shorts, supporter, t-shirts, a football jersey and a mouthpiece. Bring gym shoes and a pair of football cleats. **Make every effort to bring a helmet and shoulder pads with you.** Limited sizes available for rental. Commuters should wear proper workout attire and bring needed practice equipment. Avoid bringing valuables, as the camp is not responsible for lost/stolen articles. A small amount of extra spending money is suggested.

SEMI CONTACT

All positions will wear helmet and shoulder pads. This will allow for full speed drill work. This is especially important for linemen but will benefit each and every position.

HOUSING AND FOOD

All resident campers will be housed and fed in Grant Towers South. **All efforts will be made to meet roommate preferences.** Campers who list each other as roommates will be roomed together. In case of unavailability, roommates will be assigned based on age. Rooming lists will not be available prior to check-in. Commuters receive all the features of the resident camp with the exception of lodging and breakfast.

INSURANCE AND MEDICAL CARE

A member of the NIU Athletic Training Staff will be on call during camp activity sessions. A Parental Authorization/Medical Form is included and **must** be returned with the registration form. All insurance information **must** be complete or the camper **will not** participate. Campers who do not have insurance will be responsible for all medical payments.

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 camps.

REGISTRATION AND CONFIRMATION

Please complete the attached registration form and parental authorization/release of information form. A confirmation with additional camp information will be sent via email within two business days of registration receipt. If email is not an option, confirmation will be sent through U.S. mail. Please call 815-753-5300 or email sportscamps@niu.edu with questions regarding registration, cancellation or general inquiries. For specific questions about camp, call 815-753-0220. Please note: There is \$45 cancellation fee.

NIU Huskie Sports Camps
219 Convocation Center
DeKalb, Illinois 60115
Phone: 815-753-5300
Fax: 815-753-7700

Online registration is available at
www.niuhuskies.com

CAMP HIGHLIGHTS



"The Northern Illinois football staff is dedicated to helping each athlete become a better football player."

HEAD COACH JOE NOVAK

- Led NIU to bowl championship in the 2004 Silicon Valley Classic
- 2003 AFCA Regional Coach of the Year
- Chosen to coach in the 2004 Blue/Gray Classic
- Led Northern Illinois to it best regular season record (10-2)
- Chosen to coach in the 2005 Hula Bowl
- Led NIU to the 2005 MAC West Championship
- Led NIU to bowl gamed over the last three years

NIU CAMP FEATURES

- Quality instruction from NIU staff
- Camp ratio of 1 coach to 10 campers
- 9 offensive and 9 defensive practices
- 7 on 7 skeleton during practice
- Interior line 1 on 1
- Presentations on strength training and academics

Typical Day

7:00	Wake Up
7:30	Breakfast
9:00	Practice - Individual Work
11:00	Football Presentations
Noon	Lunch
2:00	Practice - Group Work
4:00	Free Time
5:00	Dinner
6:30	7 on 7 Skeleton - Lineman - 1 on 1
8:00	Special Teams - Weight Room
9:00	Highlight Tape
10:30	Lights Out





Camper's Name _____

Parental Contact _____

Address _____

City _____ State _____ Zip _____

Home Ph _____ Day Ph _____

Parent's E-mail _____
(for confirmation of registration)

Grade Completed by June '07 _____ Age _____

Adult T-shirt Size: M L XL 2XL 3XL

Circle one offensive and one defensive position:

Offense: QB RB WR TE OL **Defense:** DL LB DB

School _____

Roommate Preference _____

Check: I will need to rent a helmet/shoulder pads - \$30 each
(helmet/shoulder pad rentals are paid at camp - don't send \$ now)

Camp Options: June 12 - 15

Check: Resident (Overnight) Commuter (Day)

Check **Early Bird - full payment by May 15**

One: (Resident - \$279 Commuter - \$234)

OR **\$45 non refundable deposit enclosed**
(remaining balance due by June 5)

OR **Registration fee after May 15**
(Resident - \$310 Commuter - \$260)

OR **Team Registration (by June 5)**
(Resident - \$264 Commuter - \$221)

OR **NIU Employee Discount**
(Resident - \$279 Commuter - \$234)

Please enclose special accessibility accommodation request(s)

Total Amount \$ _____ (checks payable to NIU)

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

To pay with a credit card, register online at:
www.niuhuskies.com

PARENTAL AUTHORIZATION FORM

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In partial consideration of our child's acceptance into the Northern Illinois Football 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

MEDICAL FORM

CAMPER'S HEALTH FORM Check all that apply
To be completed by the camper's parent or legal guardian.

Asthma Head Injury/Concussions

Bleeding Disorders Heart Disease

Convulsions/Seizures Rheumatic Fever

Diabetes

Allergies to Drugs _____

Allergies to Foods _____

Last Tetanus Immunization (date) _____

Current Medications _____

Chronic or Recurring Illnesses _____

Operations/Injuries (including dates) _____

Physical Restrictions _____

Physician Name _____

Physician Telephone _____

Dentist Name _____

Dentist Telephone _____

Camper's Date of Birth _____

Insurance Information (must attach copy of insurance card)

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.