

WYOMING FOOTBALL

COWBOY YOUTH FOOTBALL CAMP

Saturday, June 5 War Memorial Stadium 9:30 AM – 1:30 PM

Walk-up Registration Check-in

Begins at 9:00 AM in the North End Zone

(We would appreciate your consideration to refrain from arriving excessively early or leaving children unattended before they have registered and paid. Please pick children up promptly at 1:30)

Ever wondered what its like to be a Cowboy Football Player?

Don't miss out on the chance to experience skills, drills and a whole bunch of fun in War Memorial Stadium! Learn from the Wyoming Coaches and have the opportunity to meet the Cowboy Players!

Cowboy Football Youth Camp is for boys and girls entering grades 1-6 in the fall of 2010 (campers will be organized by grade). The cost of the camp is \$40 per child and includes a t-shirt, pizza lunch, and Gatorade. Camp will last until 1:30 PM. This is a non-contact camp. Please wear shorts or pants, and tennis shoes or cleats (non-metal). Please no pads or equipment.

Parent/Legal Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Child's Name: _____ Fall 2010 Grade: _____ Age: _____

IN ORDER FOR A CHILD TO PARTICIPATE IN CAMP, THIS FORM MUST BE COMPLETED

Release and Medical Authorization

The release and the medical authorization must be signed by a parent or legal guardian in order for their child to participate in camp activities.

I agree, warrant and covenant as follows:

Release and Liability

In consideration for the Cowboy Football Youth Camp granting my child permission to participate in the football camp, I hereby assume all risks of his/her personal injury that may result from football camp activity. As parent/legal guardian, I do hereby release the University of Wyoming and its trustees, officers, employees, agents and all camp personnel including instructors from any and all liability, including claims and suits at law or inequity, for injury which may result from my child's participation in Cowboy Football Youth Camp.

Medical Authorization

I hereby authorize and give my consent to the University of Wyoming, Camp personnel and any licensed physician or athletic trainer to whom my child may be taken, to perform upon or administer any reasonable, necessary medical treatment to:

Child's Name: _____

I agree to assume all costs related to such treatment, I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp.

Every child must have medical insurance to participate in the Cowboy Football Youth Camp. **NO EXCEPTIONS.**

Is this child covered by medical insurance? Please check YES or NO: YES NO

Parent/Legal Guardian Signature: _____ Date: _____

MAIL REGISTRATION AND PAYMENT TO:

Cowboy Football Youth Camp
Rochelle Athletic Center, Dept. 3414
1000 E. University Ave, Laramie, WY 82071

****PAYMENT IS NON-REFUNDABLE & NON-TRANSFERABLE****
MAKE CHECKS PAYABLE TO: UNIVERSITY OF WYOMING

QUESTIONS:

Email: cowboyfootballyouthcamp@gmail.com
Or call us toll free at 1-888-484-3339

Please one child per registration form
Printable PDF form can be found at:
www.wyomingathletics.com/ot/wyo-camps.html

