

MEDICAL RELEASE FORM / HEALTH HISTORY

(Must be completed to attend camp)

Camper's Name

Camper's Parent/Guardian

Camper's Date of Birth

Parent's Daytime Phone

Parent's Evening Phone

Emergency Contact (if above can not be reached)

Emergency Daytime Phone

Emergency Evening Phone

PERSONAL HISTORY (currently or previously experienced)

Heart Disease	Yes	No	Heart Murmur	Yes	No
Heart Surgery	Yes	No	Diabetes	Yes	No
Muscle Disease	Yes	No	Lung Disease	Yes	No
Epilepsy	Yes	No	Chest Pain	Yes	No
Dizzy Spells	Yes	No	Irregular Heart Beat	Yes	No
Any Chest pains on exertion	Yes No				
Any Chest pressure on exertion	Yes No				

Other: _____

If yes to any of the above, please explain

Injuries in the past six months

Medications?

Allergies?

MEDICAL INSURANCE IS REQUIRED TO ATTEND

(Must be completed to attend camp)

INSURANCE INFORMATION:

Insurance Carrier

Policy Holder

Policy #

Group #

Claims Phone #

MUST COMPLETE MEDICAL RELEASE, MEDICAL INSURANCE & APPLICATION

ACKNOWLEDGMENT OF RISK

I intend to participate in the MONTANA STATE FOOTBALL TEAM CAMP. I understand that the camp will involve physical contact. I acknowledge that there are certain risks inherent in this experience. I understand that following are some of the potential hazards and conditions that may be encountered while engaging in this activity:

1. FULL CONTACT CAMP
2. I have knowledge of the benefits of participation as well as the discomforts and/or risk that which may be encountered (soft tissue injury, skeletal injury, head, neck, and back injury, sudden death, ect.) I have read the foregoing and understand that my participation in this activity involves some risk of personal injury. I hereby agree to assume such risks I acknowledge that all risks cannot be prevented and I assume those beyond the control of the University staff. I represent that I am physically able, with or without accommodation, to participate in this activity. Should I require emergency medical treatment as a result of accident or illness arising during the activity, I consent to such treatment. I acknowledge that the University does not provide health and accident insurance for participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify the activity director in writing if I have medical conditions about which emergency medical personnel should be informed.

PARENT'S SIGNATURE

CAMPER'S SIGNATURE

Give this application to your Head Coach to be sent in

BLUE & GOLD

**2023 FOOTBALL
11 MAN TEAM CAMP
AT
MONTANA STATE
JUNE 19-20**



**Full Contact
High School Team Camp**

2023 BLUE & GOLD TEAM FOOTBALL CAMP AT MONTANA STATE

GENERAL INFORMATION

ELIGIBILITY

The BLUE & GOLD Team Football Camp is open to any high school player with remaining eligibility.

TUITION

Team Camper Cost.....\$220

Team packet with all payments should be turned in by team representative/coach. Checks should be made to : Bruin Camp

LOCATION

The camp is held on the Montana State campus practice fields. Overnight campers will stay in residence halls and eat in Dining Services.

HEALTH & SAFETY

Medical Release Form / Health History, Insurance Information & Application must be turned in before participating in the camp. Licensed athletic trainers will be on site for all sessions.

WHAT TO BRING

- | | |
|---|--|
| <input type="checkbox"/> Helmet | <input type="checkbox"/> Shoulder Pads |
| <input type="checkbox"/> Practice Pants | <input type="checkbox"/> Jersey |
| <input type="checkbox"/> Football Belt | <input type="checkbox"/> Girdle/Leg Pads |
| | <input type="checkbox"/> Football Cleats |
| <input type="checkbox"/> Ankle/other Braces | <input type="checkbox"/> Shorts & Shirts |
| | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Mouth Piece | <input type="checkbox"/> Spending Money |
| <input type="checkbox"/> Shoes & Sandals | |
| <input type="checkbox"/> Bathroom Kit | |

Clean clothes/gym shoes will be needed between practices in order to enter the cafeteria.

APPLICATION / PAYMENT

COACHES MUST SUBMIT

THE FOLLOWING TO

- **Player/Coach Roster with T-Shirt Size (For Rooming List By June 6)**
- Coach Will Bring Payment For All Campers (Due At Check In June 19)
- A Signed Waiver, Medical Release Form, and Insurance Information For Each Camper. This is done by filling out ALL the brochure information. (Due At Check In June 19)

MONTANA STATE CONTACT:

Coach Tyler Walker

EMAIL:

tyler.walker9@msubobcats.com

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

HIGH SCHOOL _____

POSITION _____ HT _____ WT _____

YEAR IN SCHOOL FALL 2023

T-SHIRT SIZE _____

TENTATIVE CAMP ITINERARY

Day 1

12:00 - 1:00	Check In (N. Hedges Dorms)
2:00	Coaches Meeting (Field house)
2:30 - 2:45	Team Warm Up
2:45 - 3:15	Offensive Indy with MSU Staff
3:15 - 4:00	Team Installation
4:00 - 5:00	11 on 11 (3) Team Shoot Out
5:30 - 6:30	Dinner (Cafeteria)
7:00 - 7:15	Team Warm Up
7:15 - 7:45	Defensive Indy with MSU Staff
7:45 - 8:15	Team Installation
8:15 - 8:45	2nd Down Ladder to 3rd Down
8:45 - 9:15	7on7/Pass Rush/ Tug A War

Day 2

7:00 - 8:00	Breakfast (Cafeteria)
8:20	Coaches Meeting (Grass Field)
8:30 - 8:45	Team Warm Up
8:45 - 9:15	Offensive Indy with MSU Staff
9:15 - 10:00	Team Installation
10:00 - 11:00	11 on 11 (25 Red Zone)
11:15 - 12:15	Lunch (Cafeteria)
2:30 - 2:45	Team Warm Up
2:45 - 3:45	Team Installation
4:00 - 4:30	7on7/Pass Rush / Fastest Man
5:00 - 6:00	Dinner (Cafeteria)
6:30 - 7:05	Team Time / MSU Indy
7:05 - 7:40	Defensive Indy with MSU Staff
7:45 - 8:50	11on11 Bobcat Brawl
9:00	TEAM PHOTO -Stadium

Check out of Dorms