

Southern Arkansas University Senior Camp Saturday, July 23, 2011



Registration Saturday, July 23, 8:30 -9:45 a.m.

The Senior Mini-Camp is a one day camp for 2011 Rising Seniors only. This camp will include: on the field practice session, meetings with coaching staff, agility testing, campus tour and an academics session. Lunch will be provided. This camp will conclude at approximately 4 p.m.

Camp will begin Saturday at 10:00 a.m. Workouts will be held at SAU's stadium, practice facilities, and Weight Room.

The cost will be \$40 per participant. Camp cost will include a camp T-shirt and lunch. Campers should bring workout clothes, cleats and running shoes. Those wishing to shower at the Football facilities may do so.

If more information is needed, please contact Coach David Reeves at 870-235-4107 or 318-465-0861

Name _____
School _____
Office Number _____
Cell Number _____

Head Coach _____
Position _____

*Make checks payable to: Southern Arkansas University
Sr. Camp
c/o Coach David Reeves
P.O. Box 9169
Magnolia, Arkansas 71754*

Certificate of Release

For the consideration of being permitted to participate in Southern Arkansas University 2010 Senior Football Camp, and in consideration thereof, the undersigned hereby release and forever discharges, Southern Arkansas University of their officers, trustees, directors, administrators, coaches, athletic training staff, agents and assigns of each of them who might now, or in the future, liable or alleged to be liable from all crimes, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, in connection with any and all injuries, illnesses, infirmities, and disabilities, known, and unknown, that are presently existing or previously have been suffered by the undersigned and which may become aggravated or re-injured or which may occur as a result of preparation and participation in the said Southern Arkansas University Camp.

The undersigned hereby declares that the terms of this release have been read and are carefully understood and voluntarily accepted. It is understood that the provisions hereof shall be binding on the undersigned and his heirs, personal representatives, and assigns.

I, _____ hereby grant the trainers, team physicians, therapists, technicians, and consultants of Southern Arkansas University to render me any emergency care or other medical or surgical care that might be deemed necessary to insure proper care of any injuries/illness and maintain my health and well being. In the absence of the team or authorized physician, I grant permission to a qualified physician to furnish emergency care using the guidelines above. Also, when necessary for executing such care, permission for hospitalization at an accredited hospital is granted.

Date: _____

Athlete's Signature _____

D.O.B. _____

Parent's Signature _____