I, the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency for (Full name of camper)

A participant in the Vikings Youth Football camp. I understand that I will be responsible for any expenses incurred on his/her behalf in con-nection with such treatment.

INSURANCE INFORMATION:

Insurance Company: _____

Policy Number : _____

EMERGENCY INFORMATION:

Contact Person: ____

Phone Number:

AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER MUST BE SIGNED AND DATED BY THE PARENT/ GUARDIAN: I acknowledge that there are certain risks of serious injury to the partici-pant in this program and voluntarily assume these risks. I hereby, release and agree to hold harmless VCSU, the State of North Dakota, and all employees from all such claims for any injuries or damages that may be sustained by the participant in relation to this program. Fur-ther, I consent to emergency medical treatment for the participant as deemed necessary. I certify, to the best of my knowledge, the partici-pant is in good physical condition and has no disease or injury that would impair their performance in training or competition. I/WE hereby consent to the participation of my/our son/daughter,

in the Vikings Youth Football Camp. If he/she fails to obey the competition rules, the camp directors have the authority to expel him/her.

VCSU/State of North Dakota does not insure participants in this pro-gram and are not responsible for any medical expenses incurred by the participant.

Campers Name: ____

Date:

Parent/Guardian Signature: _____

Date: _____



FOR MORE INFORMATION CONTACT CAMP DIRECTOR:

Coach Chad Smith 101 College St SW Valley City, ND 58072

office: 701.845.7175 fax: 701.845.7153

chad.g.smith@vcsu.edu

www.vcsuvikings.com



Grades 4-8 May 5

Shelly Ellig Field at Lokken Stadium Registration begins at 1:45 p.m.

PRACTICE WITH THE VIKINGS!

CAMP MISSION

The Viking Youth Football Camp is a camp for players currently in grades 4-8. Instruction on the proper fundamentals of football, both offense and defense, as well as promotion of teamwork, leadership and sportsmanship will be provided in a fun and engaging environment.

CAMP STAFF

Dennis McCulloch	Head Coach
Gregg Horner	
Dave Rausch	Linebackers
Jacob Crawford	Defensive Line
Erik Matth	
Chad Smith	Wide Receivers
Jason Kremer	Offensive Line
Brandon Bouma	Runningbacks

FEES & REGISTRATION

- Cost: \$30.00
- Make checks out to: VCSU Football
- Mail check and registration to:

VCSU FOOTBALL Attn: Coach Chad Smith 101 College St. SW Valley City, ND 58072

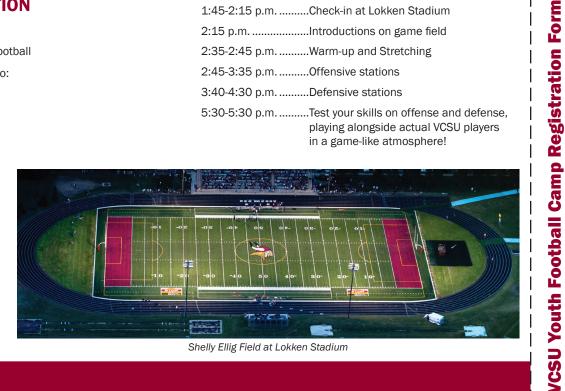
CAMP INFORMATION

- Camp is for players currently in grades 4-8
- Camp is located at the VCSU game field. VCSU is located 45 minutes west of Fargo on Interstate 94. The Osmon Fieldhouse is located 2 blocks north of Exit 292.
- · NO helmets or shoulder pads needed
- · Campers will need to wear shorts and football shoes
- Campers will be broken into groups based on position and grade
- A VIKING YOUTH FOOTBALL CAMP T-SHIRT will be provided for each camper and should be worn during the camp
- · Snacks will be provided during the camp and water is available at all times

CAMP SCHEDULE

Sunday, May 5, 2018

1:45-2:15 p.m	Check-in at Lokken Stadium
2:15 p.m	Introductions on game field
2:35-2:45 p.m	Warm-up and Stretching
2:45-3:35 p.m	Offensive stations
3:40-4:30 p.m	Defensive stations
5:30-5:30 p.m	Test your skills on offense and defense, playing alongside actual VCSU players in a game-like atmosphere!



Please include your check made payable to VCSU Football C Zip Cost State Age Grade in Fall Email City × without insurance _ \geq _ **Σ** თ 5 admitted Youth Sizes: Adult Sizes: **Complete BOTH sides** will be T-shirt size circle: **NO CAMPER** Mailing Address Phone School Name

58072 Valley City, ND VCSU Football 2 form t istration -01 College Street SW Smith regi and Chad check Coach (Mail

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