CWURUGBY

CENTRAL WASHINGTON UNIVERSITY

2014 BOYS & GIRLS HS RUGBY CAMP

JUNE 30-JULY 3, 2014

REGISTRATION DEADLINE: **JUNE 1, 2014**

GENERAL CAMP INFORMATION

The registration fee for a full package is $330 per person which includes camp, lodging, and meals. The commuter rate is $315 per person which includes camp, lunch on the first day, and lunch/dinner on the following two days. All forms and full payment must be received before the deadline of June 10.

Cancellation must be in writing (e-mail or letter), and received by Tony Pacheco by the deadlines of June 15 or payment will be forfeited. Refund minus a $30 administrative fee requires advance notification. No refunds will be made for cancellation notice received after the deadlines, for no shows, or for campers dismissed from camp.

WHAT TO BRING

Campers must bring their own towels, washcloth, soap, sun screen, personal toiletries and bathing suit. Also bring rugby boots, t-shirts, rugby shorts, rugby socks, athletic supporters, and tennis shoes. Please leave all valuables at home. CWU is not responsible for damage or loss of personal property.

FREE T-SHIRT

Every athlete will receive a free Rugby Camp T-shirt.

ARRIVAL AND DEPARTURE

Check-in time is from 7 a.m. to 9 a.m. on June 30 at the Vantage room in Munson Hall. Early check in is available June 29 for an additional fee. All participants must attend the Orientation Meeting at 1 p.m. Camp concludes at 1 p.m. on June 30. Check-out time for sleeping rooms is 11 a.m. to noon and all keys must be returned to the Vantage room. There will be a $35 fine for each lost key assessed at checkout.

SUPERVISION

The team coaches are required to stay in CWU housing with campers. The team coach is responsible for returning sleeping room keys for campers. In the event that all keys are not returned, the team coach will be assessed a $35 fine for each lost key. Team coaches are also responsible for their players during nonsanctioned, after-hours activities while attending CWU camps. CWU reserves the right to send any camper home if found to be undesirable for any reason.

PHYSICALS / INSURANCE

All CWU camp participants are required to provide a nonreturnable physical fitness statement from their physician, a CWU Camper Health/Emergency Information Form and proof of their own medical insurance prior to their participation in the CWU Camp. Campers will NOT be allowed to participate without properly completed forms. The CWU athletic training staff will be on duty during sessions and on-call throughout the day.

FOR MORE INFORMATION

Write to Tony Pacheco, CWU Athletic Department, 400 East University Way, Ellensburg WA 98926-7570, call 509-963-2021, or visit *www.wildcatsports.com*.

CWU | Central Washington University

Athletics
400 East University Way
Ellensburg, WA 98926-7570

CWU CAMPER HEALTH/EMERGENCY INFORMATION AND HOLD-HARMLESS FORM FOR CWU SPORTS CAMPS

THIS FORM AND A VALID PHYSICAL FITNESS STATEMENT MUST BE PROPERLY SIGNED and RETURNED BEFORE THE FIRST DAY OF CAMP.
Campers will not be allowed to participate without properly completed and signed forms.

Participant's Name _____
(Please print)
Address _____
City _____ State _____ Zip _____
Birth Date _____ Phone (_____) _____
(Month/Day/Year) (Area Code)
Sports Camp Attending _____
Camp Dates _____

DOES YOUR CHILD HAVE:

Allergies ☐ Yes ☐ No If yes, list. _____

Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.

☐ Yes ☐ No If yes, list. _____

Has your child had any injuries and/or operations during the past year?

☐ Yes ☐ No If yes, list type and dates. _____

Has your child's physical activity been restricted during the past year?

☐ Yes ☐ No If yes, list reasons and duration. _____

Is your child taking any medications? ☐ Yes ☐ No If yes, why? _____

Name of medication(s) and Dosage(s). _____

Has your child ever taken any sulfa drugs? ☐ Yes ☐ No

Has your child had adverse reactions to any drugs? ☐ Yes ☐ No

If yes, list drug(s) and reaction(s): _____

Date of last tetanus immunization: _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____
(Please print)
Relationship _____
Address _____
City _____ State _____ Zip _____
Phone: Work (_____) _____ Home (_____) _____
(Area Code) (Area Code)
Family Physician _____ Phone (_____) _____
(Area Code)
Medical Insurance _____
Name of Insured _____
Policy/Group # _____

I, the undersigned, individually and as a parent/guardian of _____ (participant), a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University (CWU). I am fully aware of the safety risks of participating in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I state to you that I am not aware of any physical condition that would limit my child's participation in this activity. I understand that it is my responsibility to let you know if my child has any condition that would limit his/her ability to safely participate in this activity. In exchange for my child being allowed to participate in this activity, and to the fullest extent permitted by law, I hereby waive and release—and further agree to indemnify, defend, and hold harmless CWU and its trustees, officers, agents, employees, and volunteers from and against—any and all liabilities, claims, costs, expenses, injuries, and or/losses that I or my minor child may sustain as a result of my child's attendance at the sports camp, or in the course of competition and/or activities held in connection with the sports camp. I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. You have my permission to release a copy of this form and the personal insurance information below to any medical provider treating my child.

I agree to pay for lost keys and damages caused by my child while at camp. I also give permission for my child's photograph to appear in promotional material regarding future camps.

Signature of
Parent/Guardian _____ Date _____

_____
(Please print name and relationship to participant)

CENTRAL WASHINGTON UNIVERSITY
WILDCAT RUGBY

2014 BOYS & GIRLS HIGH SCHOOL RUGBY CAMP

JUNE 30-JULY 3, 2014

REGISTRATION DEADLINE: **JUNE 1, 2014**

Name _____
(Please type or print)
E-mail Address _____
Daytime Phone Number (_____) _____
(Please include area code)
Street Address _____
City _____ State _____ Zip _____
School Name _____
Grade Entering _____
Coach's Name _____

(CWU will destroy the following information immediately after processing.)

* Please charge $_____ to credit card #_____ ☐ Visa ☐ MasterCard Expiration Date _____

Card Holder Name _____ Signature _____ Date _____

* We also accept Discover Card.

RATES:

☐ $330 Per Camper
☐ $315 Per Camper (Commuter)

Send forms with payment to CWU Conference Program, 400 East University Way, Ellensburg WA 98926-7592. Make checks payable to CWU Conference Program. Registration must be received and paid in full by June 1, otherwise a $25 individual late application fee is imposed. A non-refundable $30 administrative fee is charged for any cancellation. Full refunds minus a $30 administrative fee are due by June 15, 2014.

E-mail cancellation notices to: pachecan@cwu.edu.

CWU is an AA/EEO/Title IX Institution. For accommodation: DS@cwu.edu