CWURUGBY



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

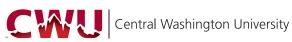
The team coaches are required to stay in CWU housing with campers. The team coach is responsible for returning sleeping room keys for campers. In the event that all keys are not returned, the team coach will be assessed a \$35 fine for each lost key. Team coaches are also responsible for their players 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.



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.

	IN CASE OF EMERGENCY, NOTI	IN CASE OF EMERGENCY, NOTIFY:	
Participant's Name(Please print)			
Address	(Please print)	(Please print)	
City State Zip	Relationship	Relationship	
Birth Date Phone ()	Address		
Birth DatePhone ()		State Zip	
Sports Camp Attending	Phone: Work ()	Home ()	
Camp Dates			
DOES YOUR CHILD HAVE: Allergies \(\subseteq \text{No} \) If yes, list.		Phone () (Area Code)	
Anergies 1 ies 1 ivo ii yes, iist.	Medical Insurance		
	Name of Insured	Name of Insured	
Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc.	, .	Policy/Group #	
☐ Yes ☐ No If yes, list	 I, the undersigned, individually and as a paren 	 I, the undersigned, individually and as a parent/guardian of 	
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.	University (CWU). I am fully aware of the safet I acknowledge and accept the risks and I under safety. I state to you that I am not aware of any participation in this activity. I understand that has any condition that would limit his/her abilit	(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,	
ites in yes, list reasons and duration.	I hereby waive and release—and further agree t	to indemnify, defend, and hold harmless CWU and	
Is your child taking any medications? ☐ Yes ☐ No If yes, why?	claims, costs, expenses, injuries, and or/losses the my child's attendance at the sports camp, or in	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	
Name of medication(s) and Dosage(s).	all responsibility for payment of medical bills an filing all claims with all insurance companies. Ye		
Has your child ever taken any sulfa drugs? □Yes □No	-	by my child while at camp. I also give permission fo	
Has your child had adverse reactions to any drugs? ☐ Yes ☐ No		my child's photograph to appear in promotional material regarding future camps.	
If yes, list drug(s) and reaction(s):	Signature of Parent/Guardian	Date	
Date of last tetanus immunization:	(Please print name and relationship to participant)		
CENTRAL WASHINGTON UNIVERSITY RUGBY	REGISTRATION DEADLINE: JUNE 1,	RUGBY CAMP 3, 2014	
(Please type or print)	RATES:		
E-mail Address			
Daytime Phone Number ()	□ \$330 Per Camper		
(Please include area code)		I Conference Durant 400 E	
Street Address	University Way, Ellensburg WA 989 CWU Conference Program. Regist	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.	
City State Zip			
School Name		ve fee is charged for any cancellation. rative fee are due by June 15, 2014.	

_____ Signature ____

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

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

_____ Date ____

Card Holder Name _____*
We also accept Discover Card.

Coach's Name

Grade Entering____

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