

Wootton Football Team Camp At Shenandoah University

Hosted by Shenandoah University Football's Head Coach Scott Yoder

This overnight team camp is designed to give HS teams a great start to the season

Where: Shenandoah University, 1460 University Drive Winchester, VA 22601

When: Wed, July 19 – Fri, July 21

Who: All Wootton Football Players (JV and Varsity, grades 9-12 fall 2017)

Forms Due: **ASAP, but NO LATER THAN June 1, 2017** (checks made out to Wootton Boosters)
Mail to: Wootton Football Camp, c/o Terry Yassin, 13602 Mount Prospect Dr, Rockville, MD 20850
OR give to Coach Tolliver

Cost: \$275.00

The team will have access to all of the football facilities while living on campus for 3 days and 2 nights. Individual team practices with the ability of nightly crossover periods with other teams are available for a total of 7 practices. You have the freedom to structure your own practices. All meals will be at the university cafeteria.

Send questions to:

Terry Yassin at teryassin1@aol.com or Coach Tolliver at coachtolliver@woottonfootball.com

Day 1		Day 2		Day 3	
8:45 AM	Arrive & Check-In	6:30 AM	Wake Up	6:30 AM	Wake Up
10:15 AM	Practice	7:15 AM	Breakfast	7:15 AM	Breakfast
12:15 PM	Lunch	8:30 AM	Practice	8:30 AM	Practice
2:15 PM	Practice	11:30 AM	Lunch	11:00 AM	Depart
5:00 PM	Dinner	2:15 PM	Practice		
6:30 PM	Practice - 7 on 7	5:00 PM	Dinner		
9:00 PM	Camp Store Open (Pizza & Drinks)	6:30 PM	Practice - 7 on 7		
10:30 PM	In Rooms	9:00 PM	Camp Store Open (Pizza & Drinks)		
		10:30 PM	In Rooms		

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Participant Information

_____		____/____/____
Player's Name (first, last)		Birth Date (mm/dd/yyyy)

Street # and Address		
_____		_____
City	State, Zip	Phone #
_____		_____
Email (print clearly)		Alternate Email (print clearly)
_____	_____	_____
Grade in Fall 2017	Grad Year (YYYY)	High School Name
_____	_____	_____
_____	_____	_____
Height (ft, in)	Weight (lb)	

Insurance Information

_____		_____
Insurance Company Name		Ins. Co. Phone #
_____		_____
Group Policy #	Policy Holder Name	

Emergency Contact

_____		_____
Contact Name		Contact Relationship to Participant
_____		_____
Contact Phone #	Alternate Contact Phone #	

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Event Registration

Event Refund Policy and Waiver Acceptance

I, the undersigned, give permission for my child, to participate in the Scott Yoder Football Camp. I also give permission to the Director of the camp to authorize any medical attention necessary to be administered to my child in the event of an accident, injury or illness until such time as I may be contacted.

Parent/Guardian Acknowledgement: I understand that neither Shenandoah University nor anyone associated with Scott Yoder Football Camps will assume any responsibility (monetarily or personally) for accident, damage, or injury to myself/my child or property (including but not limited to medical or dental) incurred as a result of participating in the camp program. My child is in good health, is covered by insurance, and is able to participate in rigorous athletic activity. In the event of injury or illness, I authorize the Scott Yoder Football Camp staff to act for me according to their best judgment in getting my child medical care from which my insurance will be used for any expenses.

I accept that the Scott Yoder Football Camp retains the right to take and use photos of campers for future marketing and advertising purposes.

I understand and accept all of the separate event refund policies and/or waiver agreements above.

Signature (parent/guardian if participant is a minor)

Date

Medical Conditions/Special Instructions

Please list any medical conditions or special instructions the Event Administrators should be aware of for the participant:
