



Time	Activity
7:00 am	Breakfast
8:30 am	Practice Scrimmage Team Time
12:00 pm	Lunch
1:30 pm	Skill Development w/ GFU Coaches (Offense & Defense)
2:30 pm	7 on 7 1 on 1 Offense & Defense Line
3:30 pm	Team Time
5:30 pm	Dinner
7:00 pm	Practice (Team) Scrimmage
8:00 pm	Competition
10:00 pm	Camp Store

**Optional Christian Fellowship
And Speaker



Camp Directors

John Bates **Ken Ingram**
 503-554-2938 503-554-2940

Questions
bruingridiron@gmail.com

-All players and coaches will be staying in a dorm room; mattress will be provided for each individual but you will be responsible for all of your own bedding.

- Registration will be in Wheeler Sports Center on Friday June 22nd 10am – 12pm.

-Camp format allows teams to practice together, scrimmage other teams, develop position fundamentals, and compete in 7 on 7 and 1 on 1 OL/DL technique drills.

-Players will check out of the dorms at 11:30am on Monday June 25.

-All athletes should bring: Helmet, Shoulder Pads, Jersey, Pants, Hip Pads, Thigh Pads, Cleats, Mouth Piece, and Shorts.

-Schools are responsible for bringing their own footballs, helmet kits, and athletic tape.

-Certified Athletic Trainers will be at each practice. NO TAPE PROVIDED

-Each team will be allowed to bring 5 coaches at no charge. After that, each coach will be charged \$130 to offset meal and housing costs.

Overnight Camper
\$220

Commuter Camper
\$195



Bruin Gridiron Team Camp 2018



June 22-25
 @
 George Fox
 University

Campers Name _____ Cell Phone _____ T-Shirt Size M L XL XXL

Address _____ City _____ State _____ Zip _____

School Name _____ Coaches Name _____ Grade in School Fall of 2018 _____

Name of Mother or Guardian _____ Cell Phone _____

Name of Father or Guardian _____ Cell Phone _____

Please list any restrictions and/or health problems we should be aware of _____

Email Address _____

**Make Money Order & Checks out to
Bruin Gridiron Team Camp**

**Mail Registration, Release Form, &
payment to:
Bruin Gridiron Team Camp
414 North Meridian Street
Newberg OR 97132 **Credit Card #****

Expiration Date _____ CVV _____

Credit Card Zip Code _____

Bruin Gridiron Team Camp Consent and Release from Liability

Part 1. Participant Acknowledgement and Release (to be signed by participant).

I have read the eligibility rules to participate in athletics and know of no reason why I am not eligible to participate safely in athletic competition. I agree to follow the rules and to abide by the decisions of the camp leaders. I know that athletic participation is a privilege. I know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and chooses to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in athletics, with full understanding of the risks involved. Should I be 18 years of age or older, or should I be emancipated from my parent(s)/guardian(s), I release and hold harmless the camp, coaches, camp leaders, the school facilities in which it is being held, any contest officials, Bruin Gridiron Team Camp and George Fox University of any and all responsibility and liability for any injury or claim resulting from such participation and agree to take no legal action against Bruin Gridiron Team Camp and George Fox University because of any accident or mishap involving my participation. I further hereby authorize the use or disclosure of my individually identifiable health information should treatment for illness or injury become necessary. I understand that this authorization is voluntary and that I may revoke it at any time by submitting the revocation in writing to the camp leaders.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE.

Date: _____ Signature of Student: _____

Name of Student (printed): _____

Part 2. Parental/Guardian Consent, Acknowledgement and Release (to be completed and signed by all parents/guardians; where divorced or separated, parent/guardian with legal custody must sign).

- A. I/we hereby give consent for child/ward to participate in Bruin Gridiron Team Camp.
- B. I/we consent and authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/we understand that this authorization is voluntary and that I/we may revoke it at any time by submitting the revocation in writing to the camp leaders.
- D. I/we know of and acknowledge that my child/ward knows of the risks involved in athletic participation, understands that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.
- E. With full understanding of the risks involved, I/we release and hold harmless the camp, coaches, camp leaders, the school facilities in which it is being held, any contest officials, Bruin Gridiron Team Camp and George Fox University of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against Bruin Gridiron Team Camp and George Fox University because of any accident or mishap involving the participation of my child/ward.
- F. I/we further authorize emergency medical treatment for my child/ward should the need arise for such treatment while my child/ward is under the supervision of the camp.
- G. I/we understand that Bruin Gridiron Team Camp and George Fox University **REQUIRES** that all participants maintain comprehensive medical insurance for student injuries and we have such coverage in place.
- H. Please check box: My/our child/ward is covered under our family health insurance plan.

Health Plan/Insurance (ie. Regence, Kaiser, Providence, etc.):	Group Number & Policy Number:
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I/WE HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE OF LIABILITY FOR BRUIN GRIDIRON AND GEORGE FOX UNIVERSITY FOR INJURY TO PARTICIPANTS.

Date: _____ Signature of Parent/Guardian: _____

Name of Parent/Guardian (printed): _____