



Early Registration Deadline: June 15, 2011

CWU Rugby Camp Cost: \$385.00 per player (Resident)
\$285.00 (Commuter – lunch only / no lodging)
+\$30.00 (optional early arrival for resident campers)



CENTRAL WASHINGTON UNIVERSITY

Registrations received after 6/15/2011 - \$410.00 (does not include early arrival).

Resident Registration to include: 3 nights lodging, all meals, 2 - CCC camp shirts, CCC shorts, CCC socks, water bottle, instruction, and athletic training support.

AGE/GENDER: High School Girls entering 9th grade– 12th grade (includes graduating seniors)

Program:

- Players will walk away with an understanding of modern defensive systems, attack principles, how to address the tackle contest in the modern game, and individual player profiles.
- Players will be educated on concussion symptoms and prevention, sports nutrition, and sport specific strength and conditioning.
- Central Washington University Rugby Camp will provide players with an opportunity to play and learn along-side some of the top collegiate players in the country. CWU's coaching staff and medical team will work directly with each player to manage their care both on and off the field.
- Players will be immersed in a college experience that is second to none. Players will have opportunities to interact with current CWU students, learn about financial aid and enrollment assistance. Players will have access to facilities across campus and will be given a chance to explore the outdoor opportunities in and around Ellensburg with a rafting trip on the Yakima River.

Camp Schedule:

- Tuesday Night: Optional Check-in (see additional registration requirement)
- Wednesday: Final Check-in by 9am, Basic Skills and Development, Lunch, Concussion Seminar, Profiles and Tackle Technique, Dinner, Film Review & Team Building Activities
- Thursday: Strength and Conditioning, Breakfast, Tackle Contest & Rucking, Lunch, Intro to Defense, River Float, Dinner, and Movie Night
- Friday: Core Training, Breakfast, Defense Continued / Intro to Attack, Lunch, Attack Continued, Dinner, Bowling Night
- Saturday: Breakfast, RED/GREY/BLACK Challenge Matches, Lunch, Camp Awards and Check-out

What to Bring:

- Campers must bring their own towels, washcloth, soap, sunscreen, personal toiletries, alarm clock and bathing suit. Also bring: rugby shorts, rugby boots, rugby socks, running shoes, mouth guard, headgear (optional), and any base layers for hot weather comfort. Please leave all valuables at home. CWU is not responsible for damages or loss to camper's personal property. **It is strongly encouraged that each camper brings a pair of old tennis shoes that can be submersed in water for the river float!**
- Recommended off field attire: collared shirt (polo), khaki shorts, non-offensive tee shirts, sweatshirt and a pair of long pants in case of cool evenings.
- Campers are encouraged to bring a small bag to carry personal gear or change of clothes to and from trainings.

Supervision, Arrival & Departure:

- Check-in will be at the Conference Program Registration Office located in the Vantage room of Munson Hall on University Way. Check-in will start at 8am on the 20th for all resident campers. Check-in will be available from 4pm-6pm on the 19th for "Early Arrival Resident Campers" who pay the optional \$30 extra night stay. Campers that chose early arrival will need to provide their own dinner and breakfast.
- Players will be responsible for their own keys. \$35 will be assessed for a lost key.
- Campers will be supervised by camp staff throughout their stay including in the residence halls. CWU reserves the right to send any camper home if found to be undesirable for any reason without refund.
- Camp concludes at 1pm on Saturday July 23rd. Check out time for sleeping rooms is 9 am and all keys must be returned to the Vantage room. Athletes can be picked up at Nicholson Pavilion starting at 2:00pm.

Transportation:

- Due to University and NCAA Policies, we are not allowed to offer any transportation to and from camps. The airports closest to the Ellensburg campus include: Yakima International Airport & Seattle International Airport. Ground transportation is available via the Central Washington Airporter Shuttle call: 1-866-235-5247 or visit www.airporter.com/shuttle for reservations. Drop off will be at the Starbucks on University Way nearest the Vantage Room.

Complete and return pages 3-5 along with a COMPLETED PHYSICAL FITNESS STATEMENT signed by your physician with full payment to secure a spot. Enrollment is limited and will be filled on a first-come basis. Warning: All documents must be completed and legible in order to be processed. Do not leave any fields blank if something is not applicable please mark (N/A) especially on any medical related questions.

MAIL TO: CWU CONFERENCE PROGRAM, 400 East University Way, Ellensburg, WA 98926-7592

Fax forms to: 509.963.1285 - Register over the phone by calling: 509.963.1143

(Signed & Completed Forms Must Be Submitted Prior To Participation)

Rafting forms must be completed. Failure to sign and turn in forms will prevent you from joining the group on this excursion (CWU Outdoor Pursuits & Rentals will be guiding this trip and providing lifejackets and all other required equipment for this float).

<p>Camper's Name _____ Address _____ Birth Date _____ Phone (____) _____ Sport Camp Attending _____ Camp Dates _____ Does your child have: Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list. _____ Chronic Illness, such as heart condition, asthma, epilepsy, diabetes, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list. _____ Has your child had any injuries and/or operations during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list type and dates. _____ Has your child's physical activity been restricted during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list reasons and duration. _____ Is your child taking any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why? _____ Name of medication(s) and Dosage(s). _____ Has your child ever taken any sulfa drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Has your child had adverse reactions to any drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list drug(s) and reaction(s): _____ Date of last tetanus immunization: _____</p>	<p>I, the undersigned, individually and as a parent/guardian of _____ (camper) a minor, ask that he/she be admitted to participate in the sports camp sponsored by Central Washington University. I do hereby agree to release, discharge and hold harmless the State of Washington, Central Washington University, its officers, agents, trustees, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport 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. I agree to pay for lost keys and damage caused by my child while at camp. 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 also give permission for my child's photograph to appear in promotional material regarding future camps.</p> <p>Signature of Parent/Guardian _____ Date _____ Emergency Contact Person _____ Relationship _____ Address _____ Phone: Work (____) _____ Home (____) _____ Family Physician _____ Phone (____) _____ Medical Insurance _____ Name of Insured _____ Policy/Group # _____</p>
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CWU CAMPER HEALTH/EMERGENCY INFORMATION FORM FOR CWU SPORT 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.

High School or Club _____ Position _____ USA RUGBY CIPP # _____

Grade Entering Fall 2011 _____ Shirt Size _____ Shorts Size _____

Email Address _____ Roommates Name _____ (First/Last)

*Roommates must submit registration together to guarantee placement with preferred roommate!

Email: Robert.ford@cwu.edu or call: 509.963.3557 with any program questions. To register over the phone call 509.963.1143, Phone registration will be completed between 9am and 5pm Monday - Friday (PST) or fax forms to: 509.963.1285

Cancellations: Refunds will be provided for campers that cancel before June 25th. A \$20 registration-processing fee will be charged for all refund requests. No other refunds will be issued.

CENTRAL WASHINGTON GIRLS RUGBY CAMP REGISTRATION FORM # 101-2057

PAYMENT INFORMATION: (CWU will destroy the following info. after processing.) Please check all that apply

_____ Early Reg. (\$385), _____ Regular Reg. (\$410 After 6-15), _____ Commuter, _____ Early Arrival (+\$30)

Make Check Payable to: CWU Conference Program or Please Charge \$ _____

to Card Number # _____ VISA or MasterCard (please circle)

Expiration Date _____ Card Holder Signature _____

**CENTRAL WASHINGTON UNIVERSITY / UNIVERSITY RECREATION
RAFTING AND KAYAKING PARTICIPANTS
HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT
(GROUP TRIP - CWU HIGH SCHOOL GIRLS RUGBY CAMP)**

I acknowledge that the activities involved with rafting, and kayaking are voluntary and may include dangerous activities with the potential for death, serious injury, paralysis, brain damage, loss of vision or limb function, permanent scarring, disability, and/or property loss. I realize that the inherent risks of rafting and kayaking include but are not limited to; equipment failure, weather conditions, poor decision-making, misjudgment of terrain by staff, hazardous trails or river routes, hazardous water levels, and risks of falling out of or drowning while in a raft or kayak. I understand that there are many unforeseen accidents which may occur, and I assume all risks associated with my participation in this activity.

I agree to pay attention to the condition of the equipment, and to advise the facility staff if I do any damage or notice any damage. Because of the inherent dangers of participating in rafting and kayaking or related activities, I recognize the importance of following instructions regarding techniques, training, and rules and agree to obey such instruction. I have or will obtain prerequisite skills, qualifications, preparation and training to participate in rafting and kayaking activities in a safe and competent manner. In addition, I agree that I will not consume any alcoholic beverages or other substance including, but not limited to any drugs or medication which would impair my senses before or while participating in any University recreational activities.

I hereby agree to wear all safety equipment provided to me and/or my minor child at all times during the recreational activity.

I certify that I am physically capable of participating in this activity, and know of no medical or health reason that would prevent me from participating safely.

I give permission for University staff to seek emergency medical services for me should I become injured or ill with the understanding that I am fully responsible for any expenses incurred. I understand that Central Washington University does not provide any medical insurance coverage for me while participating in this facility. I understand that it is my obligation to have a health and accident insurance policy in effect while participating in this activity or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident

As a condition of my being allowed to participate in this activity, I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Central Washington University, its officers, employees, volunteers and agents from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of or in connection with my participation in all rafting and kayaking activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the officers, employees, volunteers or agents of Central Washington University.

I acknowledge and voluntarily agree to assume all risks of personal injury, including paralysis, other permanent disability or temporary disability, death, medical expenses, lost wages, loss of earning capacity, and property damages, or any other loss incurred while participating in this activity.

In addition, I hereby give my permission to Central Washington University to use my photographic image, in whole or in part, for program-specific public information and marketing activities at the discretion of Central Washington University.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS AGREEMENT IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Signature: _____ Date: _____

Must be signed by parent/legal guardian if participant is a minor under 18 years of age. (SEE PAGE 2/ MUST BE SIGNED)

Printed Name of Participant: _____ Date of Birth: _____
Local Address: _____ Ph. #: _____ Email: _____
City: _____ State: _____ Zip Code: _____

Print Name of Parent or Legal Guardian: _____ Email Contact Required: _____
Phone Contact Required: _____

In case of emergency please contact:

Name: _____ Relationship: _____
Address: _____ Ph. #: _____
City: _____ State: _____ Zip Code: _____

**CENTRAL WASHINGTON UNIVERSITY
UNIVERSITY RECREATION
MINOR RAFTING AND KAYAKING PARTICIPANTS
CONSENT FORM
(GROUP TRIP - CWU HIGH SCHOOL GIRLS RUGBY CAMP)**

I am the parent or legal guardian of _____, a minor child under the age of 18. I have read the above Rafting and Kayaking Participant Hold Harmless and Acknowledgement of Risk Agreement and I hereby consent to my child's participation in the rafting and kayaking activities at Central Washington University. In doing so, I expressly agree to be bound by the terms of the above Participant Agreement.

I am fully aware of the safety risks of my child's participation in this activity. I acknowledge and accept the risks and I understand that CWU cannot guarantee my child's safety. I certify 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 ensure that my child has the necessary abilities and conditioning to participate safely in this activity.

In exchange for my child's 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 Central Washington University 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 participation in rafting and kayaking activities at CWU.

I give permission for University staff to seek emergency medical services should my child become injured or ill with the understanding that I am solely responsible for any expenses incurred.

Alternate emergency contact for Minors please contact:

Name: _____ Relationship: _____
Primary Phone #: _____ Work Phone#: _____
Home Phone #: _____ Alternate Phone #: _____

Alternate emergency contact for Minors please contact:

Name: _____ Relationship: _____
Primary Phone #: _____ Work Phone#: _____
Home Phone #: _____ Alternate Phone #: _____

I also give permission for my child's photograph to appear in promotional materials.

Parent/Guardian Signature: _____ **Date:** _____

I am signing on behalf of the minor named above.