



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  
503-554-2938

Ken Ingram  
503-554-2940

### QUESTIONS

[bruingridiron@gmail.com](mailto: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 21<sup>st</sup> 11am – 1pm. The 1<sup>st</sup> meal provided by the camp will be 5:30pm dinner on June 21<sup>st</sup>.**

**-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 24.**

**-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 2019



**JUNE 21-24**



**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 2019 \_\_\_\_\_

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:

**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): \_\_\_\_\_