

“ICHABOD BLITZ HALF DAY CAMP”

PLEASE CIRCLE ONE SESSION

Session 1 -- June 6-9 • Cost \$75

8:30 a.m. - 12 p.m.

Session 2 -- June 13-16 • Cost \$75

8:30 a.m. - 12 p.m.

Ages 7 to 12 • Camp Cost: \$75 per camper for half day camp

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day(____) _____ Cell Phone: (____) _____

Date of Birth: ____/____/____

In Case of Emergency Call: _____

Phone: Day (____) _____ Cell Phone: (____) _____

Shirt Size (Circle one): AXL AL AM AS YXL YL YM YS

Registration fees and forms

Due May 19 - \$75

**Check in is inside Petro Allied Health Center
Lobby on 2nd floor at 8:30 a.m. each day
Weather updates will be posted at wusports.com**

Please mail registration form with full payment to:

Washburn University - Athletics
Attention Eric Eisenbarth
1700 SW College
Topeka, KS 66621

Charge to Mastercard or VISA (circle one).

Card # _____ Expires _____

Signature _____

For questions: Eric Eisenbarth, 785-670-1705 or
eric.eisenbarth@washburn.edu.

Students and parents/guardians must sign release before student is allowed to play

Release: In consideration for the acceptance of this application by Washburn University of Topeka, and with full knowledge and recognition of the dangers and hazards inherent in participation in such activity, which may include sprains, lacerations, contusions, broken bones, concussions or death, I do hereby agree to assume all the risks and responsibilities surrounding applicant's participation in such activity; and, further, I do hereby agree for the applicant, my or his/her heirs and personal representatives, to defend, hold harmless, indemnify, release and forever discharge Washburn University of Topeka, its officers, agents and employees from and against any and all claims, demands, actions, or cause of action on account of damage to personal property or personal injury or death which may result from causes beyond the control of, and without the fault or negligence of Washburn University of Topeka, its officers, agents or employees during applicant's participation in such activity. By signing below, the applicant and the parent/guardian agree to the terms of this waiver/release and also give Washburn University permission to use photos taken during Washburn camps and clinics.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

We recommend that campers get a physical exam prior to camp. Further, in the event of injury or illness, the WU staff is authorized to obtain medical care or treatment if necessary.

“ICHABOD TOUCHDOWN FULL DAY CAMP”

PLEASE CIRCLE ONE SESSION

Session 1 -- June 6-9 • cost \$125

Session 2 -- June 13-16 • cost \$125

Ages 7 to 12 • 8:30 a.m. - 4 p.m.

REGISTRATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Day(____) _____ Cell Phone: (____) _____

Date of Birth: ____/____/____

In Case of Emergency Call: _____

Phone: Day (____) _____ Cell Phone: (____) _____

Shirt Size (Circle one): AXL AL AM AS YXL YL YM YS

Registration fees and forms

Due May 19 -- \$125

**Check in is inside Petro Allied Health Center
Lobby on 2nd floor at 8:30 a.m. each day
Weather updates will be posted at wusports.com**

Please mail registration form with full payment to:

Washburn University - Athletics
Attention Eric Eisenbarth
1700 SW College
Topeka, KS 66621

Charge to Mastercard or VISA (circle one).

Card # _____ Expires _____

Signature _____

For questions: Eric Eisenbarth, 785-670-1705 or
eric.eisenbarth@washburn.edu.

Students and parents/guardians must sign release before student is allowed to play

Release: In consideration for the acceptance of this application by Washburn University of Topeka, and with full knowledge and recognition of the dangers and hazards inherent in participation in such activity, which may include sprains, lacerations, contusions, broken bones, concussions or death, I do hereby agree to assume all the risks and responsibilities surrounding applicant's participation in such activity; and, further, I do hereby agree for the applicant, my or his/her heirs and personal representatives, to defend, hold harmless, indemnify, release and forever discharge Washburn University of Topeka, its officers, agents and employees from and against any and all claims, demands, actions, or cause of action on account of damage to personal property or personal injury or death which may result from causes beyond the control of, and without the fault or negligence of Washburn University of Topeka, its officers, agents or employees during applicant's participation in such activity. By signing below, the applicant and the parent/guardian agree to the terms of this waiver/release and also give Washburn University permission to use photos taken during Washburn camps and clinics.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

We recommend that campers get a physical exam prior to camp. Further, in the event of injury or illness, the WU staff is authorized to obtain medical care or treatment if necessary.



Washburn Ichabod™ Football Camps

