

February 28, 2018

Dear Lava Bear Football Player and Parents,

For the past eleven years, the summer football camp has been the cornerstone to building our football team. This year we are going to return to the Southern Oregon Football Camp. We are going to Southern Oregon to improve on the football field, but more importantly, we hope to go build a team. It is a great way to set into motion our 2018 football campaign. It is important for all to understand that our main goal is "Team" development. To develop a team, there are many elements that come to play. They include learning football technique, hard work, and building team experiences.

The head coach at Southern Oregon, Charlie Hall, is an excellent football coach with a high school background. He is excited to host the Lava Bears this year.

The camp cost will cost \$230. Athletes will be given a dorm room to reside in, a bathroom with showers on their floor, and a choice of meals. It will be a full contact camp, and athletes will be checked out gear in the spring.

The information for Southern Oregon is in this mailing. The purpose of this letter is to let you know about the camp logistics, registration, and things to consider as your player prepares. Below is the info that will be helpful as we move toward camp week.

To go to a camp of this nature, we need to consider some **challenges**. There are **transportation, meals, housing, clothing, personal items, and recreational activities**. Outside of the camp fees, it costs an additional \$2000 or more to provide the experience. I am working to offset those costs.

1. **Transportation** – A bus will be provided by Bend Football at no cost to the player. Parents will not have to drive players to camp. Departure will be Thursday, June 21<sup>st</sup> at 7 am from BSH. We will return home around 6 pm on Sunday, June 24.
2. **Meals** – Provided by the camp except for lunch on the way to Ashland and lunch on the way home. Please bring a sack lunch for the trip over.
3. **Housing** – The players will live in the dorm rooms at SOU. They will need to bring a sleeping bag and pillow to use on the bed provided.
4. **Clothing/Personal Items** – They need to bring the FB gear that we check out to them, sweatshirts, pants, jeans, shorts, t-shirts, coats, lounge clothing, shoes, underwear, socks, spending money (approx.\$50), etc. for 4 days. They also need to bring a towel, shave-kit, soap, toothbrush and other toiletries. Honestly, they cannot bring enough socks with extra T-shirts and underwear.
5. **Registration, logistical items, general info.** – Enclosures with the letter.
  - a. A loose itinerary for the camp
  - b. A camp registration **\$230**
  - c. Please fill out the assumption of risk and medical form.
  - d. Camp Website – Type *Google Search*, then *Southern Oregon Football Camp*

**At this juncture, there are three things that need to be completed by April 30<sup>th</sup>.**

1. **Complete the Southern Oregon Registration Form.**
2. **Bring a check for \$230 to the Bend High School Finance Office. Please make out the check to Bend Football.**
3. **Have your son bring the receipt, the medical form, and the release of risk form to Coach Gilsdorf.**

I will then compile a list and send it along with all the proper paperwork to Nathan Chin at Southern Oregon by his timeline of April 30<sup>h</sup>. As the weeks go by, I will have informative meetings with the team. I will also send any notices to you about upcoming items or information. Thanks for your support of our football program, your son, and this team in our pursuit of excellence. If you have any questions, please don't hesitate to call or e-mail me.

Sincerely,



Matt Craven  
Head Football Coach  
Wk # 541-355-3832  
matt.craven@bend.k12.or.us

# SOU FOOTBALL TEAM CAMP

## JUNE 21-24, 2018

We are holding our annual football team camp. Campers must be in grades 9-12 (Going in to 12th grade). Teams will participate in 11-on-11 scrimmages, 7-on-7 tournaments, a Pass Rush tournament, and various Big Man competitions.

Participants will get the opportunity to go through individual drills ran by the SOU coaching staff.

Teams can stay in the SOU dormitory, or camp out near the practice facilities. Campers will need to bring their own bedding and toiletries. The Hawk dining facility is available for teams through the duration of camp.

Individual campers are encouraged to attend. All individual campers will form a Camp "Renegade" Team and compete at the Varsity and Junior Varsity levels.

Following each practice session teams will compete in our camp competitions, and a winner will be crowned at the conclusion of camp.



Register at [www.souraiders.com](http://www.souraiders.com)



### OPTIONS

Team Resident  
\$230 per camper

- Includes- instruction, meals, dorm room, and T-Shirt

~~Team Camp-Out (Teams only)  
\$175 per Camper~~

- ~~• Includes- instruction, camp site, meals, and T-Shirt~~

~~Commuter  
(Team or Individual)  
\$120 per camper~~

- ~~• Includes- instruction, meals (not including breakfast), T-Shirt~~

~~Individual Resident  
\$250 per camper~~

- ~~• Includes- instruction, meals, dorm room, and T-Shirt.~~

Registration starts  
June 21<sup>st</sup> at 10:00 AM

### Schedule

7:00 Wake Up  
7:15 Breakfast  
9:00 Practice  
12:00 Lunch  
2:00 Practice  
5:00 Dinner  
7:00 7 on 7 / Pass Rush leagues  
8:30 Free Time / Team meeting  
10:30 Lights out  
(Friday & Saturday)

For additional information-

[soufbcamps@sou.edu](mailto:soufbcamps@sou.edu)

Nathan Chin  
Grant Torgerson  
Camp Coordinators

*pay this to Debbie in Accounting at BSU.*

# Southern Oregon Team Football Camp

Southern Oregon University  
June 21-24, 2018

## PLAYER REGISTRATION FORM

Please Print

Name of Camper: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: (    ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

OFF POS: \_\_\_\_\_ DEF POS: \_\_\_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Emergency Contact / Phone: \_\_\_\_\_

### Resident

Individual Full Payment \$230.00

Team Payment – Payment given to High School Head Coach

*Accounting Office*

**SOUTHERN OREGON UNIVERSITY**  
**Assumption of Risk, Release,**  
**Indemnification and Participation Agreement**

**Parties & Consideration**

I, \_\_\_\_\_ (print your name),

a student at Southern Oregon University (SOU) \_\_\_\_\_ (print your student id#)

or

a member of the general public and am eighteen (18) years of age or older

In consideration for being permitted to participate in the Activity, I hereby agree and warrant that:

**Statement and Assumption of Risk**

Participation in the Activity can be hazardous to my health. I understand that I have an increased chance of suffering personal injury, including but not limited to bodily harm, permanent disability, dismemberment, and/or death by participating in the Activity. Injuries that I might incur include, but are not limited to the following: flesh wounds, muscular-skeletal injuries, cosmetic injuries, permanent disabilities and other injuries including death and or dismemberment. I understand that traveling to and from the Activity site may present additional risk of serious injury or death, and agree to comply with Activity requirements for the use of seatbelts by vehicle passengers during travel.

I voluntarily undertake the Activity and agree to accept all risk associated with my participation in this Activity.

**Release of Liability and Indemnification Statement**

I understand that there are unavoidable risks involved with participation in this Activity, and I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, SOU, and their officers, employees, agents, and representatives, from any and all liability and all claims and causes of action whatsoever for any damages to or loss of property, personal illness, or injury (including death) caused by, deriving from, or associated with my participation in the Activity.

**Statement of Health**

I certify that I have neither a condition nor circumstance, such as medication, that would prevent me from participating in this Activity. If I have a question concerning my specific situation, I may ask an organizer to clarify the Activity, but ultimately the decision to participate is mine.

**Statement of Insurance**

I am aware that the State of Oregon does not provide medical insurance coverage for participation in the Activity and therefore take full responsibility for procuring my personal insurance. If I do not have insurance, I accept full, sole and exclusive financial responsibility for the cost associated with any injury or illness.

**Furthermore**

- I understand that SOU may not have a representative(s) or agent(s) present at this Activity and the Activity may be solely student-operated.

- I agree to abide by the policies of SOU while engaged in the Activity, and, if I am a student, with all the provisions of the Student Code of Conduct. I further agree to comply with all safety rules and procedures presented during the Activity.
- I understand that SOU's authorized representative(s) or agent(s) has authority to revoke my participation in the Activity at any time if, in the judgment of the representative(s) or agent(s), my actions or general behavior are determined to be unacceptable.
- In the event of an injury or death that occurs during my participation in the Activity, I hereby waive my rights of nondisclosure under the Family Educational Rights and Privacy Act, ORS 351.070(4)(e) and any other statutes or rules, and hereby consent to the release of this Agreement to the media, public or any others who inquire.

**Choice of Law; Venue Selection**

In event of a law suit, I agree that all causes of action will be filed in Multnomah County, Portland, OR and that this Agreement shall be construed in accordance with the laws of the State of Oregon.

**Severability**

If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

**Final Acknowledgment**

The forgoing is submitted in consideration of SOU and the department and/or program noted above allowing my participation in this Activity. I confirm that I am over 18 and I execute this document with full knowledge of the contents and consequences stated in this release.

**Participant Signature**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Parent or Guardian Indemnification and Release** (Complete for participants under the age of 18)

In consideration of \_\_\_\_\_ (print Minor's name) ("Minor") being permitted by the department and/or program noted above to participate in its Activities or use its equipment and facilities, I further agree to indemnify and hold harmless and release and forever discharge the State of Oregon, the Oregon Board of Higher Education, the Oregon University System, SOU, and their officers, employees, agents, and representatives from any and all claims brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## Medical Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

1. Who would be notified in case of an emergency?  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Participant's environmental or medical allergies that we should know about?
3. Participant's medical alerts that we should know about (i.e. diabetics)?
4. Participant taking any medications at this time? If so, for what reason?
5. Has the Participant had any recent illnesses or injuries (Yes / No). If yes, please describe.
6. Participant's medical insurance information:  
Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Company Address: \_\_\_\_\_ ID# \_\_\_\_\_

I hereby authorize the staff of Southern Oregon University to act for me according to their best judgment in any emergencies requiring medical attention. I also hereby waive and release Southern Oregon University and the staff of Southern Oregon University from any and all liability for any injuries sustained while at the camp. I have no knowledge of any physical impairment that would affect my participation in the camp.

If under 18 Parent or Guardian must sign on behalf of participant

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_