



June, 2011

Dear Football Camper:

Very soon you will be making your final preparations for the start of the 2011 Youth Football Camp. I'm sure that you are anxious to come and are curious about what you should bring. Enclosed you will find all the information you need when preparing for camp.

With the staff that we have on hand, you should be able to receive a great deal of individual attention. We will use all the field equipment here at UW-Whitewater so you will have a well-rounded experience. We are asking each quarterback and receiver to bring his own ball for passing purposes. Please make sure to put your name on it for identification.

Please remember to bring the enclosed Health History Questionnaire/Consent Form. You will not be allowed to participate in camp activities without this form.

Visitors are always welcome at our university and we encourage your parents and coaches to drop in and see what is going on. Enclosed is a letter for your parents. Please see that they receive it.

We hope that you are anticipating a great camp. We look forward to seeing you on Monday, June 27!

Bring a: POSITIVE ATTITUDE and
HAVE FUN!!

Yours in sports,

A handwritten signature in black ink, appearing to read 'Lance Leipold'.

Lance Leipold, Director
Warhawk Football Camps

Enclosures



CONTINUING EDUCATION SERVICES

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790
Phone 262-472-3165 • FAX 262-472-5241 • E-mail cesevents@uww.edu



June, 2011

Dear Parents:

Thank you for permitting your son the opportunity to attend the 2011 Warhawk Youth Football Camp. I am sure that you would like to know more about the camp.

STAFF: The staff of instructors is made up of very successful coaches both from the high school ranks as well as college. These men are very personable and want to contribute to your son's betterment as an athlete and as a human being.

HOUSING: The campers will be housed in Tutt Hall, one of our University's residence halls, and our staff will also be living there.

HEALTH SERVICE: Should your child require medical attention, an assessment will be made by the camp health supervisor and appropriate measures will be taken. UW-Whitewater camps have the full cooperation of Fort Atkinson Memorial Hospital and emergency room personnel. Be sure your son brings the enclosed Health History Questionnaire/Consent Form with him to camp. He will not be allowed to participate in any camp activities unless he has turned in this completed form.

FOOD SERVICE: During the camp, your son will receive three well-balanced meals each day. They are prepared by our University dietitian and chefs and will be served in Esker Dining Hall. Your son will be issued a meal card, which must be taken to every meal. Should the card be lost or destroyed, a new card will need to be purchased for \$2.00.

ACTIVITIES: Your son will have a very full daily routine, carefully planned for him. He will need a minimal amount of money that can be used for the student center, bookstore, or miscellaneous expenses.

FOOTBALL APPAREL: If you are looking to purchase Warhawk Football gear, we will be selling t-shirts, shorts, & hats. You will be able to purchase these items at check-in and at the close of camp. These items are strictly optional to you. Also for purchase will be mouth guards which will be needed for camp.

We certainly appreciate the opportunity to be able to work with your son. If we can be of any assistance, do not hesitate to contact us.

Yours in sports,

A handwritten signature in black ink that reads 'Lance Leipold'.

Lance Leipold, Director
Warhawk Football Camps



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WARHAWK YOUTH FOOTBALL CAMP

General Information

- Check-In 11:30-12:30 p.m., Monday, June 27
Perkins Stadium for all resident and commuter campers
You will then proceed to Tutt Hall where you will reside for the week.
- Check-Out Wednesday afternoon after the awards ceremony.
- Meal Cards You will be issued a meal card at registration. You must bring the card with you to every meal or you will not be granted entrance to the dining hall. If you should lose the meal card, a replacement can be purchased for \$2.00; replacement cards are issued at Esker Dining Hall where you will be eating.
- Money You are responsible for your own money and personal articles. We feel you need a minimal amount of spending money.
- Telephone Should you need to be contacted while you are at camp, you may have your parents call any of the numbers listed below:
262/472-3165 Continuing Education/Camp Office - 7 am to 4:30 pm
262/472-4339 Tutt Hall Staff Room - 4:30 pm to 7 am (If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
262/472-4200 Emergency Phone #
- Awards We will have a short awards assembly after the last practice on Wednesday. This will be at 3:00 p.m. in Perkins Stadium. Your parents are invited to attend. At the conclusion of this meeting, camp is officially over. Dinner will not be served at the conclusion of the camp on Wednesday.
- Residence Hall You are not allowed to enter any of the other residence halls on campus.

2011 YOUTH FOOTBALL CAMP SCHEDULE

Monday, June 27

11:30 - 12:30	Check-in at Perkins Stadium; then proceed to Tutt Residence Hall
1:15 - 2:00	Meeting Outside Residence Hall - dressed for practice
2:00 - 4:00	Practice
4:30 - 6:00	Dinner (Esker Dining Hall)
6:30 - 8:30	Practice
9:30	Pizza delivered to those who ordered
10:15	In Rooms
10:30	Lights Out

Tuesday, June 28

7:00 - 8:30	Breakfast
9:00 - 11:00	Practice
11:30 - 1:00	Lunch
1:00 - 2:00	Free Time
2:00 - 4:00	Practice
4:30 - 6:00	Dinner
6:00 - 6:30	Free Time
6:30 - 8:30	Practice
8:30	Pizza delivered to those who ordered
10:15	In Rooms
10:30	Lights Out

Wednesday, June 29

7:00 - 8:30	Breakfast
9:00 - 11:00	Practice
11:30 - 1:00	Lunch (Clean Rooms)
1:00 - 2:30	Practice
2:30 - 3:00	Turn In Equipment
3:00	Awards (Perkins Stadium)

Upon completion of the awards ceremony, campers may check out.

EQUIPMENT FOR FOOTBALL CAMP

- _____ Helmet (Please bring your own, if at all possible, as we have limited number of youth helmets.)
- _____ Shoulder pads (Again, please bring your own, if possible, as we have a limited number.)
- _____ Football (if you plan to work out as a quarterback or receiver, please bring your own football and mark it well)
- _____ Two football practice or game jerseys
- _____ Football shoes
- _____ Several pairs of sweat socks
- _____ Several T-shirts
- _____ Two pairs of athletic shorts
- _____ Sweat pants (if available)
- _____ Athletic supporters

PERSONAL CLOTHING AND PACKING LIST

- | | | |
|--|-----------------------------|---------------------------------|
| _____ Socks | _____ Blue jeans | _____ Toothbrush and toothpaste |
| _____ Undershorts | _____ Shoes | _____ Comb |
| _____ T-shirts | _____ Mosquito spray | _____ Deodorant |
| _____ Sweatshirt | _____ Pajamas | _____ Soap & Shampoo |
| _____ You must supply own bedding (sleeping bag is best bet) | _____ Windbreaker or jacket | _____ Suntan lotion |
| _____ Pillow | _____ Combination lock | _____ Fan |
| | _____ Towels | _____ Swim suit |

NOTE: Please do not bring valuable equipment, such as expensive radios, iPods, stereos, televisions, etc. The University will not be responsible for any lost or stolen items while you are at camp.

Insurance coverage is included in your registration fee and will cover you **ONLY WHILE YOU ARE ON CAMPUS AND FOR CAMP-RELATED ACCIDENTS**. If you are a commuter, this insurance will not cover while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.

WARHAWK FOOTBALL CAMP RULES AND REGULATIONS

These rules have been established to make this camp an enjoyable and safe experience for everyone. Any breach of these rules will result in the immediate notification to parents and the student will be dismissed from the camp. Students so dismissed will not receive any refund of camp fees.

1. Smoking, the use of alcohol and other drugs, firearms weapons or fireworks are prohibited. Parents will be notified and violators will be sent home immediately. There will be no refund of fees for violation of this policy.
2. All campers are confined to the University campus proper; any trips off campus require written permission from the parent and approval of the camp director or head counselor. All campers making off campus trips must be accompanied by a staff member unless written permission from the parent is provided.
3. Any damage to University property by campers will be paid for by the camper or his/her parents.
4. Campers are encouraged to have their own health insurance as limited accident insurance is provided by the University. University insurance coverage is included in your registration and covers you only while you are on campus and for camp-related accidents. If you are a commuter, this insurance will not cover you while you are traveling to or from camp. Camp insurance does not cover pre-existing injuries.
5. You will be given a meal card that you must bring to every meal. Lost or destroyed cards will be replaced at the dining center at a fee to the camper.
6. Campers are not allowed to enter any residence hall other than the one assigned to their camp. Boys are not allowed to enter girls' rooms and vice versa. With the exception of check-in and check-out, no visitors are permitted in your room at any time.
7. Campers are responsible for their own money and personal items; the University and the camp are not responsible for lost items. KEEP YOUR DOORS AND LOCKERS LOCKED AT ALL TIMES. DO NOT SHARE YOUR ROOM COMBINATION OR KEYS WITH OTHERS.
8. There will be no hazing, taunting or teasing of other campers or guests on campus. Violators will be dealt with accordingly.

9. On Tuesday there will be three practices per day. On Monday and Wednesday there will be two practices. Campers will rise at 6:30 a.m. and go to breakfast at Esker Dining Hall at the time indicated on your schedule. Commuters should plan to arrive at 8:45 a.m.
10. Any camper or staff who is ill or injured should report to the Williams Center Training Room before 9:00 a.m. each morning.
11. Meals are at 7:00 to 8:30 a.m., 11:30 to 1:00 p.m. and 4:30 to 6:00 p.m. daily. No arrangements are available for between meal snacks.
12. All activities will cease at 10:00 p.m., and the doors of the residence hall will be locked at this time. Lights out at 10:30 p.m. Camp staff will insure that these limits will be observed. Bed check will be conducted at 10:30. Parents will be called if you are not in your room at bed check time.
13. No visitors are permitted in your rooms at any time. Only exceptions would be during check-in and check-out time.
14. Shirt and shoes must be worn in the dining hall. Please obey this rule!
15. These rules have been established to maintain a controlled, disciplined camp, and your cooperation is absolutely necessary.

HEALTH HISTORY QUESTIONNAIRE

Participant
 Name _____ Camp/Event _____ Camp Dates _____
 Home Address _____ City _____ State _____ Zip _____
 Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____
 Parent/Guardian _____ Relationship _____
 Home Phone _____ Work Phone _____
 Address if different than participant's _____
 Contact person in case of injury or illness. _____
 Name _____ Relationship _____ Phone _____
 Name of Physician _____ Phone _____
 Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months _____ / _____ / _____

Dose 2 _____ / _____ / _____

Tetanus-Diphtheria

Year of initial series _____ / _____ / _____

Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No

Please explain any significant operations, accidents, or illness, and last medical attention and reason. _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes

If YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

- () Penicillin _____
- () Other Antibiotics _____
- () Other Medicines (type) _____
- () Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies _____
- () Asthma _____
- () Bleeding Disorder _____
- () Cancer _____
- () Colitis _____
- () Diabetes _____
- () Epilepsy/Seizures/Blackouts _____
- () Heart Disease _____
- () Hernia _____
- () Other _____
- () High Blood Pressure _____
- () Joint Injury/Surgery _____
- () Kidney Disease _____
- () Menstrual Difficulties _____
- () Mental/Emotional Problems _____
- () Neck/Back Pain/ Injury _____
- () Rheumatic Fever _____
- () Tuberculosis _____
- () Ulcer _____

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

_____ No medication has been brought to camp.

_____ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) _____

_____ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. *Please complete the following.*

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

_____ My son/daughter/ward has brought the following prescription medication to camp. I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following: make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

_____ No medication has been brought to camp.

_____ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

_____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following:)

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

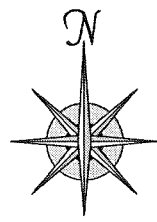
22
LAWSON LOT

OUTDOOR ATHLETIC COMPLEX
FOSTER TRACK
PRUCHA BASEBALL DIAMOND
VANSTEENDEREN SOFTBALL COMPLEX
VARSITY SOCCER FIELD
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM/ATHLETIC BUILDING

STUDENT ATHLETIC COMPLEX




UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.

UW-WHITEWATER NATURE PRESERVE, TRAILS & RECREATION AREA

24
STADIUM LOT

PICNIC AREA

SCHWAGER DR.

18
ESKER LOT

19
TUTT-WELLERS LOT

INTRAMURAL FIELDS

RUGBY FIELD

11
WILLIAMS CENTER LOT

DAVID L. KACHELDOLK FIELDSHOUSE
WILLIAMS CENTER

ESKER DINING HALL

TUTT HALL

WELLERS HALL

WELLS RESIDENCE HALL

KWILANS HALL

POWER PLANT

W. LAUDERDALE DR.

17
FISCHER LOT

CALVARY CEMETARY

8
BIGELOW LOT

TENNIS COURTS

9
WARHAWK DRIVE LOT

BIGELOW

LEE

CLEM

FRICKER

DRUMLIN DINING HALL

AREY

BENSON

8
BIGELOW LOT

7
STARIN ROAD LOT

VISITOR CENTER

FISCHER

GOODRUE

MORAINES BOOK STORE

CAMPUS MINISTRY

15
HC LOT

HEALTH CENTER

LOT 4

STARIN PARK

W. STARIN RD.

W. STARIN RD.

STARIN HALL

WHITE HALL

HYLAND HALL

14
STARIN-PRAIRIE LOT

UPHAM HALL

LOT 3

CARLSON HALL

MCCUTCHEAN

ROSEMAN

WINTHER HALL

LITTLE RED SCHOOLHOUSE

LOG CABIN

UNIVERSITY CENTER

HEIDE HALL

FENCE STREET

W FLORENCE STREET

2
CARLSON LOT

OBSERVATORY

WYMAN MALL

MCGRAW HALL

12
LIBRARY LOT

TRILLIQUAN AUDITORIUM

ALUMNI CENTER

HYER HALL

ANDERSEN LIBRARY

N. TRAIL STREET

N. PRINCE STREET

1
ARTS LOT

CHOPP ARBORETUM

SALISBURY ARBORETUM

W MAIN STREET

N. PRAIRIE ST.

N. ESTERLY ST.

US HWY 12



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WHITEWATER
STAY CLOSE. GO FAR.

