2014 FOOTBALL CAMPS

Individual Prospect Camps

Players entering grades 9-12

June 2014
For players entering grades 9-12

Individual Cost: $30 per player

Group Cost: $20 per player with 7 or more from the same team

What to bring:
- Helmet and pads
- Cleats
- Tennis shoes
- Workout clothes

Camper will receive:
- T-shirt
- Individualized instruction from college coaches

For additional information about Southeast football camps and clinics, visit GoSoutheast.com/camps, or contact Matt Martin at (620) 481-4499 or mmartin@semo.edu

Southeast Missouri State Cape Girardeau Showcase
Friday, June 6 at Houck Stadium
Check-in at 5:45 p.m.

Sunday, June 22 at Houck Stadium
Check-in at 2:45 p.m.

Southeast Missouri State St. Louis Showcase
Saturday, June 7
Morning: Gateway Tech, Check-in at 9 a.m.
Afternoon: Lafayette High School, Check-in at 2:45 p.m.
Staffs: Southeast Missouri State and other St. Louis metro area colleges and universities

Southeast Missouri State Kansas City Showcase
Friday, June 20
Morning: Liberty High School, Check-in at 9 a.m.
Afternoon: Raytown High School, Check-in at 2:45 p.m.
Staffs: Southeast Missouri State and other Kansas City metro area colleges and universities

REGISTRATION

Last Name               First Name               Middle Initial

Address

City/State/Zip

Camper Mobile Number   Contact Phone Number

Email (All camp info and confirmations will be sent via email) School Attending

Grade Entering         Date of Birth            Adult Shirt Size (S,M,L,XL)

Please Check Desired Camp

☐ Cape Girardeau, June 6  ☐ Cape Girardeau, June 22
☐ Gateway Tech, June 7     ☐ Lafayette High School, June 7
☐ Liberty High School, June 20 ☐ Raytown High School, June 20

Priority Registration is due by May 23, 2014.

As a parent or legal guardian of ____________, I hereby authorize, consent, and request Health Services personnel and/or the athletic Training Staff to provide preliminary evaluation of illnesses and to conduct first aid treatment of potentially serious injuries for my child/ward. I understand that no further treatment will be given without contacting me, except for life-threatening situations.

Signature __________________________ Date ___________

Relationship ________________________ Home Phone (___) ___________

Day Phone (___) ______________________ Cell Phone (___) ___________

I further authorize that my child/ward may receive Tylenol, Pepto Bismol or Maalox while attending this camp. Signature ___________

In case of emergency and parent cannot be reached at above numbers, contact:

Name __________________________ Relationship ___________

Day Phone (___) ______________________ Cell Phone (___) ___________

Insurance Co. __________________ Group No. ___________

Policy No. __________________ Group No. ___________

Known allergies or other conditions: __________________________

Amount $ ___________

☐ MasterCard          ☐ Visa          ☐ Discover          ☐ Check Enclosed

Acct#__________________ Exp. Date ___________

Verification#__________ Signature

(3 or 4 digit number)

Mail completed form and payment to: Southeast Missouri State University/Boys Basketball
Camp Director, One University Plaza MS O200, Cape Girardeau, MO 63701