

# YOUTH CAMP

JUNE 9-12, 2025 : GRADES K-6 9:00am - 12:00pm

#### **OPEN TO ANY AND ALL ENTRANTS**

(limited only by number, age, grade level and/or gender)

## CHECK-IN/REGISTRATION: 8:00-9:00am DAILY COST: \$150

**CAMP INCLUDES:** competitions, EIU coaching staff instruction, EIU player interaction, use of EIU facilities, water, and t-shirt.

WHAT TO BRING: Shirt, shorts, running shoes, water bottle.

Questions? Contact Andrew Strobel before registering at 217-208-9143 or email amstrobel@eiu.edu.

#### **CAMP LOCATION: O'BRIEN FIELD**

600 Lincoln Ave., Charleston, IL **PARKING**: Stadium West and North Lot *No refunds.* 

#### 2025 EIU Panthers Youth Football Registration Form

As a parent (or guardian), I herby give my permission for my child to participate in the Panther Camp and acknowledge the fact that he/she is physically able to participate in clinic activities. I further acknowledge I will be responsible for any sickness, and I understand that Eastern's clinic insurance may not totally pay all medical expenses of an accidental injury incurred during the camp, depending upon family coverage.

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PARTICIPANT'S NAME:	
MAILING ADDRESS:	
CITY / STATE / ZIP:	
HOME PHONE: ()	
SCHOOL ATTENDING:	GRADE IN FALL, 2025:
PARENT/GUARDIAN NAME:	
PARENT/GUARDIAN SIGNATURE	
EMAIL:	

PLEASE RETURN THIS REGISTRATION FORM TO:
2025 EIU PANTHERS FOOTBALL YOUTH CAMP

ATTENTION: ANDREW STROBEL
600 LINCOLN AVE., CHARLESTON, IL 61920
OR REGISTER ONLINE AT WWW.EIUPANTHERS.COM

### This medical treatment and billing authorization form MUST be completed and SIGNED by the parent to enable the camper to participate.

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Camp Attending	Camp Code: <b>FB751</b>			
Camper Name		Age	Gender	
Address				
City / State / Zip				
EMERGENCY CONTACT INFORMATION				
Parent / Guardian	Relationship			
Home Phone	Work Phone			
Emergency Contact			_ Relationship	
Home Phone	Work Phone			
<b>HEALTH INFORMATION</b> Does camper have a history of:				
ConvulsionsHeart Defe	ct/Murmur	Asthma	_ Chicken Pox	
DiabetesBleeding Diso	derSur	gery (past 2 years)	Mumps	
Brief description of items checked				
Medications: Type, dosage and frequency (list)				
Allergies: (medications, foods, stings, other)				

#### INSURANCE INFORMATION

**EASTERN ILLINOIS UNIVERSITY REQUIRES** that all sports campers carry health insurance coverage. The parent/guardian's personal or injury insurance policy will be utilized as the primary insurance for the treatment of injuries and hospitalization for illness or injuries incurred during the sports camps. **If you do not possess health coverage, a temporary policy covering sports camps must be purchased (through your insurance agent) to cover the camper for the duration of the sports camp.** The name of health insurance carrier and policy number must be written below in order to attend an EIU sports camp.

surance Carrier Name
arrier Address/Phone
olicy / Group Number

**AUTHORIZATION FOR TREATMENT:** I do hereby authorize Eastern's athletic training staff to provide first aid, follow-up care and/or referral to Eastern's Health Service Staff, local physician or local hospital for emergency care. Furthermore, I hereby authorize EIU Health Service Staff to provide medical treatment and/or referral for further evaluation and treatment for the above named person in the event this should become necessary while attending camp at Eastern Illinois University.

Signature of Parent / Guardian (required for participation)

Date

Athletes must come to the Panther Camps physically sound. No preventative taping will be administered for injuries received prior to camp.

**HEALTH and INSURANCE:** Each applicant must have a Health Consent Form signed by a parent/guardian, stating camper is in good health and who to contact in case of an emergency. Form (above) is also available online at www.EIUpanthers.com. This form must be completely filled out, signed and returned to us, along with registration.