

**Western New Mexico University Football  
Prospect Camp  
Las Vegas, NV—Thursday July 13th  
7:00PM @ Spring Valley High School**

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**Camp Information**

The purpose of this camp is for our staff work with high school students who want to play college football. Our staff will instruct each camper in basic and advanced techniques for their position. We will also run each camper through specific drills to establish strengths and weakness of their physical ability and what they need to improve on. The campers will also compete against each other in 1 on 1 competitive drills. We will finish the camp with a recruiting session that will give players and any parents who want to attend insight regarding what to expect during the recruiting process.

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**Camper Information**

Name \_\_\_\_\_ High School \_\_\_\_\_ Circle One SR JR SO FR

Off Position \_\_\_\_\_ Def Position \_\_\_\_\_ Specialty Position \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ GPA \_\_\_\_\_

Best: Bench \_\_\_\_\_ Clean \_\_\_\_\_ Squat \_\_\_\_\_ 40 \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parents Phone \_\_\_\_\_

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**Liability Waiver**

**Parental Release and Indemnity Agreement**

I hereby waive and release Western New Mexico University and the WNMU Football Camp Director, coaches, and instructors from all liability for any injuries which may occur while participating in the football camp for which I/my child is registering. I recognize the risks inherent in participation, and I assume full responsibility for all injuries that may occur. I know of no mental or physical restrictions that may affect my child's ability to safely participate in this camp. I authorize the camp director, coaches, and trainers to act for me according to their best judgment in any emergency requiring medical attention. I also give permission for myself/my child to be transported to and receive medical treatment at a local medical facility and I guarantee payment of all expenses incurred in such transportation and treatment. I also verify that I/my child has current medical insurance.

I also waive and release the Clark County High School District and Spring Valley High School where the camp is held as well as all of their employees from any liability for injuries that occur at the WNMU Football Camp.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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-Cost is \$50 per person— You can register and pay at the event- Checks made to WNMU Football

-Pre Register @ [www.wnmufotballcamps.com](http://www.wnmufotballcamps.com) OR Register and Pay at the camp

-For more info on WNMU football go to [www.wnmumustangs.com](http://www.wnmumustangs.com)

-Questions? Contact Head Coach Adam Clark - 563-505-6194 - [aclark@wnmu.edu](mailto:aclark@wnmu.edu).