



THE 12TH ANNUAL NORTHERN ARIZONA UNIVERSITY

HIGH MOUNTAIN CHALLENGE



K.J. Gerard
2008 All-American
Buck Buchanan Award Finalist

THE TOTAL TEAM EVENT

- WHEN:** Sat. June 20th
WHERE: NAU Campus- Flagstaff
COST: \$300 per "Air Challenge Team"
 \$300 per "Big Man Team"
 \$500 Total if you bring both teams!
 \$ 35 For Individuals on renegade team

THE AIR CHALLENGE: 7 on 7 Passing Tournament

- 4 Games Guaranteed
- Sat June 20th - 8:30 am (Round Robin Games Begin)
- Renegade teams will consist of 14 players and will be coached by guest Coaches. Players will also receive a Renegade team T-shirt.

THE BIG MAN CHALLENGE: Team Event Competition

- 10 Events testing speed, strength, endurance and agility *
- Sat June 20th – 8:30 am (Challenge Begins)
- Renegade teams will consist of 10 players and will be coached by guest Coaches. Players will also receive a Renegade team T-shirt.

*Teams will consist of no more than TEN athletes per team and all participants must be lineman. Five athletes will compete per event and all TEN must compete in at least two events. THE SAME FIVE ATHLETES MUST COMPETE IN THE 20 YARD DASH AND THE SQUAT COMPETITION.

**BEAT THE HEAT...
COME BATTLE FOR THE AXE!**



FOR FURTHER INFORMATION CONTACT:
 Francis Saint Paul at (928) 523-6799
 Francis.SaintPaul@nau.edu



HIGH MOUNTAIN CHALLENGE TEAM REGISTRATION

**Please make checks payable to NAU Football
A Non-Refundable deposit of \$100.00 is required to
reserve your spot for the events**

School: _____

League: _____ Division: _____

7 on 7: _____ Big Man Challenge: _____

School Address: _____

Coach: _____

Coaches Phone:

Cell: _____ School: _____

Coaches Email: _____

Assistant Coaches who will be attending with your team:

_____	_____
_____	_____
_____	_____

Please send payment to:
NAU Football Camp
Attn: Coach Saint Paul
P.O. Box 15400
Flagstaff, AZ 86011-5400



HIGH MOUNTAIN CHALLENGE INDIVIDUAL REGISTRATION

**Please make checks payable to NAU Football
\$35 is required to reserve your spot on a team**

Name: _____

School: _____

League: _____ Division: _____

7 on 7: _____ Big Man Challenge: _____

Home Address: _____

HS Coach: _____

Phone Cell: _____ Home: _____

Email: _____

Please send payment to:
NAU Football Camp
Attn: Coach Saint Paul
P.O. Box 15400
Flagstaff, AZ 86011-5400

Official use only:

P: _____ S: _____

T: _____

RELEASE AND MEDICAL AUTHORIZATION
Northern Arizona University High Mountain Challenge
#1 Skydome Dr, Flagstaff AZ, 86001

Participants Name _____

Camp Date(s) _____

Father/Guardian Name _____
Employer _____

Home Phone _____
Work Phone _____

Mobile Phone _____
Fax Number _____

Mother/Guardian Name _____
Employer _____

Home Phone _____
Work Phone _____

Mobile Phone _____
Fax Number _____

Please use the following space to explain any special instructions/circumstances the camp medical staff should be aware of regarding the health of your child: _____

RELEASE OF LIABILITY

In Consideration of Northern Arizona University at granting the above named participant permission to participate in the sports camps, I hereby assume all risks of his/her personal injury that may result from any sport camp activity. As Parent/Guardian, I do indemnify defend, and hold harmless, Northern Arizona University, Board of Regents, State of Arizona, and the sport camps and its officers, employees, agents, instructors, and all participants in the sports camp program from and against all liability, including claims and suits at law or in the equity, for injury, fatal or otherwise, which may results from any negligence and/or the camper taking part in sports camp activities.

PHYSICAL EXAMINATION WITHIN ONE YEAR

I certify that within the past year my daughter/son has had a physical examination by a physician, and that she/he is physically able to participate in the sports camp activities.

CONSENT FOR TREATMENT AND/OR FIRST AID

In the unlikely event of injury or illness, I hearby give my consent for medical treatment and permission to a certified athletic trainer to supervise on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment and necessary procedures) for the camper. EVERY ATTEMPT WILL BE MADE TO CONTACT YOU, THE PARENT/GUARDIAN, PRIOR TO ANY MEDICAL ATTENTION BEYOND FIRST AID, IS GIVEN.

SPORTS CAMP MEDICAL INSURANCE

I am aware that the camp carries medical insurance for injuries/illnesses to the camper acquired as a result of activities at camp. However, I understand this is a secondary insurance, which may only be utilized after claims have been submitted with my primary insurance, which covers my daughter/son, and I understand that the camp insurance has a claim limit and that any bills in excess of this limit will be my responsibility.

Parent/Guardian Signature
(CAMPER IF 18 OR OLDER) _____

DATE: ____/____/____

PLEASE BRING THIS FORM TO CAMP. YOU WILL NOT BE ABLE TO PARTICIPATE IN CAMP ACTIVITIES UNTIL THIS FORM IS COMPLETE.