For 2015 High School Graduates

Mail Registration Forms To:
ULM Football
ATTN: Phil Shaw
308 Warhawk Way
Monroe, LA 71209

Make Checks Payable To:
Football Showcase

For More Showcase Info Or Questions Contact:
Phil Shaw
318-342-5442
pshaw@ulm.edu

www.ulmwarhawks.com

2014 Football Schedule

8/28 VS Wake Forest
9/6 VS Idaho
9/13 @ LSU
9/27 VS Troy
10/4 @ Arkansas State
10/11 @ Kentucky
10/25 VS Texas State
11/1 @ Texas A&M
11/8 @ Appalachian State
11/15 VS UL-Lafayette
11/22 @ New Mexico State
11/29 @ Georgia Southern

Times TBA
2014 Warhawk Football Showcase

Dates & Times:

June 8th
West Jefferson High School
Harvey, LA
4 P.M.

June 9th
St. Amant High School
St. Amant, LA
4 P.M.

June 10th & July 19th
JPS Field at Malone Stadium
Monroe, LA
4 P.M.

Football Accolades

One of the Top Division 1 Football Programs on NCAA Academic Performance Rate

2012 Advocare Independence Bowl

38 NFL Draft Picks

55 All-Americans

338 All-Conference Selections

2012 Sun Belt Conference Offensive Player of the Year:
Kolton Browning, QB

Senior Day Registration Form

Name:
Address:
City: State: Zip:
Guardian's Name: Home Phone: Cell Phone:
E-mail Address:
Date of Birth: / / Height: Weight:
School:
Coach:

POSITION (CHECK BOX)

Offense: QB RB WR TE OL
Defense: DB LB DT DE P/K
Primary Position:

CHECK SHOWCASES YOU ARE PLANNING TO ATTEND

[ ] Senior Day I – West Jefferson H.S. (Harvey) $20
[ ] Senior Day II - St.Amant H.S.(St.Amant) $20
[ ] Senior Day III – Malone Stadium (Monroe) $20
[ ] Senior Day IV - Malone Stadium (Monroe) $20

Total Due: $_____

I, the parent/legal guardian __________________________, authorize my child’s full participation in the Warhawk Football Showcase including related activities. In consideration of my child’s right to participate in this activity I agree to release, waive, agree not to sue, and agree to hold harmless for any purpose the Warhawk Football Showcase, The University of Louisiana Monroe, The University of Louisiana System, and their employees, agents and volunteers from any and all liabilities.

I also give permission for my child to receive any emergency medical treatment by a healthcare professional which may be required for injuries sustained by my child.

Participant’s Name:

Legal Guardian Signature: Date:

Insurance Company (if applicable): Policy Number:

Name of Primary Policy Holder: