

IMPORTANT - This sheet must be returned with the application.

MEDICAL AUTHORIZATION

IN AN EMERGENCY, I HEREBY GIVE PERMISSION FOR MY CHILD _____
TO BE EXAMINED BY THE CAMP TRAINER. I ALSO GIVE PERMISSION TO THE LICENSED PHYSICIAN SELECTED BY THE CAMP
OPERATOR, TO HOSPITALIZE, SECURE PROPER TREATMENT, ANESTHESIA, OR SURGERY FOR MY CHILD IN AN EMERGENCY. I ALSO
GIVE THE CAMP PERMISSION TO ADVISE THE HOSPITAL OF OUR INSURANCE INFORMATION AT THE TIME OF ANY TREATMENT.

OUR HEALTH INSURANCE COMPANY IS _____ AND THE CONTRACT GROUP NUMBER IS _____

DISCLAIMER OF LIABILITY

THE GREAT LAKES WRESTLING CAMP AND ITS STAFF DO NOT ASSUME LIABILITY FOR ANY INJURIES INCURRED WHILE AT THE
CAMP OR ON THE WAY TO THE CAMP. PARENTS SHOULD CONTACT THEIR OWN INSURANCE CARRIER TO GET ADDITIONAL
INSURANCE FOR THE CAMPER, IF NECESSARY. AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER OF LIABILITY
MUST BE SIGNED AND DATED BY THE CAMPERS PARENTS: THE CAMPER, IN ATTENDING THE GREAT LAKES WRESTLING CAMP AND
IN USING THE ROBERTS WESLEYAN FACILITIES, DOES SO AT HIS OWN RISK. THE GREAT LAKES WRESTLING CAMP, ROBERTS
WESLEYAN, ITS ATHLETIC DEPARTMENT, AND ITS STAFF, SHALL NOT BE LIABLE FOR ANY DAMAGES ARISING FROM PERSONAL
INJURY SUSTAINED BY THE CAMPER DURING THE CLINIC OR AT THE FACILITIES. THE CAMPER AND HIS PARENTS ASSUME FULL
RESPONSIBILITY FOR ANY DAMAGES OR INJURIES WHICH MAY OCCUR TO THE CAMPER DURING THE CLINIC SESSION AND SO
HEREBY FULLY AND FOREVER EXONERATE AND DISCHARGE THE GREAT LAKES WRESTLING CAMP, ROBERTS WESLEYAN, ITS
ATHLETIC DEPARTMENT, ITS STAFF, ITS OWNERS, EMPLOYERS AND AGENTS. FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES,
RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED, OR
UNANTICIPATED, RESULTING FROM OR ARISING OUT OF THE CAMPERS PARTICIPATION IN THE CLINIC SESSION AND IN THE USE OF
THE FACILITIES.

MEDICAL INFORMATION

AS A CONDITION OF PARTICIPATION IN THE GREAT LAKES WRESTLING CAMP, EACH MUST HAVE HAD A PHYSICAL CHECK-UP BY A
CERTIFIED PHYSICIAN WITHIN THE LAST CALENDAR YEAR. _____ HAS HAD A PHYSICAL WITHIN THE LAST
YEAR AND HAS BEEN DECLARED HEALTHY AND ABLE TO PARTICIPATE IN THE CLINIC ACTIVITIES.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

THIS PAGE IS STANDARD. PLEASE READ CAREFULLY BEFORE SIGNING, CERTIFYING THE ABOVE INFORMATION IS ACCURATE

APPLICATION BLANK - PLEASE PRINT NEATLY PLEASE CHECK (X) CAMP:

<p>ONE WEEK TECHNIQUE CAMP July 6th - July 9th, 2008 \$385 Resident; \$345 Commuter \$100 Deposit due now with application</p> <p>AREAS OF CONCENTRATION. APPLIES ONLY FOR TECHNIQUE CAMP Mark 1, 2, etc. in area of instruction in order of preference (4hrs each) <input type="checkbox"/> Leg Takedowns <input type="checkbox"/> Escapes and Reversals <input type="checkbox"/> Leg Wrestling <input type="checkbox"/> Other Takedowns <input type="checkbox"/> Riding and Pinning</p>	<p>ONE WEEK ADVANCED CAMP July 6th - July 9th, 2008 \$395 Resident; \$365 Commuter \$100 Deposit due now with application</p>	<p>ONE WEEK TEAM COMPETITION CAMP July 6th - July 9th, 2008 \$375 Resident; \$335 Commuter \$100 Deposit due now with application</p> <p>Team Name that you are competing with: _____</p>
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Check One: Commuter Staying in Dorm

T-Shirt: Circle One S M L XL XXL

<p>NAME _____ AGE _____ Last MI First</p> <p>HOME ADDRESS _____ Street City State Zip</p> <p>HOME PHONE () _____ WEIGHT _____ GRADE _____</p> <p>PARENTS WORK () _____ PARENTS CELL () _____</p> <p>HIGH SCHOOL _____</p> <p>EMAIL ADDRESS _____</p> <p>Parents Signature _____</p> <p>Students Signature _____</p>	<p>MAKE CHECKS PAYABLE TO:</p> <p>GREAT LAKES WRESTLING CAMP 30 Bernie Lane Rochester, NY 14624</p> <p>IMPORTANT: Return: 1) Application - Medical Authorization and Liability Form 2) Deposit Fee</p>
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