

2008 GREAT LAKES WRESTLING CAMP MEDICAL AUTHORIZATION

STEP 1:

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 CAMPER'S 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 CAMPER'S 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

STEP 2:

Please select which Camp you are attending:

TECHNIQUE CAMP ADVANCED CAMP TEAM COMPETITION CAMP

STEP 3:

Print Wrestlers Name: _____

Students Signature: _____

Parents Signature: _____

STEP 4:

Mail this completed form to:

GREAT LAKES WRESTLING CAMP

30 Bernie Lane
Rochester, NY 14624