

John Smith's OSU Wrestling Camps 2010 Application

Please Check:

TECHNIQUE CAMP (AGES 7-19)

- Enclosed is my check for \$100 deposit **remember that only cash or a money order will be accepted at check-in.*
- | | |
|--|--|
| <input type="checkbox"/> Resident - \$100 Deposit (\$265 due at check in) | <input type="checkbox"/> Stillwater, OK July 11-15 |
| <input type="checkbox"/> Non-Resident (no meals) - \$100 Deposit (\$150 due at check in) | <input type="checkbox"/> Reno, NV July 11-15 |

TEAM CAMP (9th-12th GRADE)

- Enclosed is my check for \$100 deposit **remember that only cash or a money order will be accepted at check-in.*
- | | |
|--|--|
| <input type="checkbox"/> Resident - \$100 Deposit (\$245 due at check in) | <input type="checkbox"/> Stillwater, OK July 4-8 |
| <input type="checkbox"/> Non-Resident (no meals) - \$100 Deposit (\$150 due at check in) | <input type="checkbox"/> Reno, NV July 18-22 |

INTENSIVE CAMP (AGES 12-19)

- Enclosed is my check for \$150 deposit **remember that only cash or a money order will be accepted at check-in.*
- | | |
|--|---|
| <input type="checkbox"/> Resident - \$150 Deposit (\$850 due at check in) | <input type="checkbox"/> Stillwater, OK July 4-16 |
| <input type="checkbox"/> Non-Resident (no meals) - \$150 Deposit (\$500 due at check in) | <input type="checkbox"/> Reno, NV July 11-23 |

Please Print

Last Name	First Name	Home Phone
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Address	City	State	Zip
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Weight	Grade - Fall 2010	Shirt size
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School Attending

PLEASE FILL OUT AND SIGN THE HEALTH FORM.

Send application, health form, and deposit to:

John Smith Wrestling Camps
P.O. Box 548
Stillwater, OK 74076

For office use only

Date Rec'd	Date Cont	Amt Dep	Bal Due	Rect No.

**John Smith's OSU Wrestling Camps
2010 Health Form**

PERTINENT MEDICAL INFORMATION

Please Print

Parent or Guardian Home Phone Work Phone

Address City State Zip

Name and Phone Number of Individual(s) to Contact in Case of Emergency

Name and Phone Number of Individual(s) to Contact in Case of Emergency

*PERMISSION FOR MEDICAL TREATMENT, RELEASE OF MEDICAL INFORMATION AND PAYMENT OF MEDICAL EXPENSE
I REQUEST AND GIVE PERMISSION to the physicians and medical staffs at the OSU Health Center and/or Stillwater Medical Center and/or Univ. of Reno Medical Center to treat the above-named participant appropriately, including hospitalization, prescribing medication, and performing emergency medical procedures.*

I AUTHORIZE release of any medical information to the OSU Health Center and/or Stillwater Medical Center, and/or Univ. of Reno Medical Center which may be pertinent to any diagnosis or treatment of the above-named participant.

I UNDERSTAND that any charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier which is:

Medical Insurance Co. Policy #

Address City State Zip

***Waiver:** My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the John Smith OSU Wrestling Camp Staff to act for me, according to its best judgement in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp. The enclosed applicant fee has not been provided by any representative(s) of the institution's athletic interest.*

Parent or Guardian Signature Date

NOTE!!!

**The University Does NOT Carry Group
Medical Coverage for This Program
Send application, health form, and deposit to:**

John Smith Wrestling Camps
P.O. Box 548
Stillwater, OK 74076