

Deposits requested no later than May 1st, 2010. Limited space is available!

Mike Clayton's Duck Wrestling Camp Application

Applicant's Last Name _____ First Name _____

Address _____

City _____ State _____

Zip _____ Age _____ Gender _____ Adult T-shirt Size _____

Telephone: Home _____ Cell _____

Email Address _____

Health Insurance Provider _____ Plan # _____

Local Agent Telephone _____

Allergies to Medication _____

Required Medication _____

Other Medical Problems _____

Immunization Date Received (Required with proof of shots)

Diphtheria _____ Pertussis _____ Tetanus _____ Mumps _____

Poliomyelitis _____ Rubella _____ Measles _____

Wrestling Camp Name and Date: _____ Camp Cost \$ _____

Amount Enclosed (All overnight camp deposits are \$100. Commuter camp deposits are \$50) \$ _____

Personal checks or money orders please. Payable to Mike Clayton's Wrestling Camp. **Deposits are Non-Refundable.**

Mail to: Mike Clayton's Duck Wrestling Camps, 1 Castle Point on Hudson, Hoboken, NJ 07030

I certify that _____ (print camper name) is in good physical condition and can participate in the Mike Clayton's Duck Wrestling Camp. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Stevens does not screen applicants of these programs for illness, injuries, allergies or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in any Stevens Camp/Clinic/Program. I, _____ (print parent/guardian name), authorize camp staff to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Session 6, L.L.C., Mike Clayton, Stevens, and its Instructors and Employees, from responsibility for any injury or illness occurring while attending the Camp/Clinic/Program. This includes any transportation and emergency treatment. I understand some training is held off campus.

Signed this _____ day of 2010

Parent/Guardian _____

Stevens and all staff, including medical staff, will not administer any medication, either prescription or non-prescription, without notification on this application or a separate note by a parent or guardian.