

Deposits requested no later than May 1st, 2011. Limited space is available! Reserve your spot today!

# Mike Clayton's 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.**

**Payable and Mail to:** Mike Clayton's Wrestling Camps, 100 Manhattan Ave, Suite 609, Union City, NJ 07087

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 2011

Parent/Guardian \_\_\_\_\_

Camp/Clinic Directors and/or 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.