

John Smith's OSU Wrestling Camps 2017 Application

Please Check:

TECHNIQUE CAMP (AGES 7-19)
June 18 – 22

- Enclosed is \$100 deposit
 - \$400 Resident - \$100 Deposit (\$300 due at check in)
 - \$250 Commuter (no meals/lodging) - \$100 Deposit (\$150 due at check in)

TEAM CAMP (9th-12th GRADE)
June 22 – 26

- Enclosed is \$100 deposit
 - \$370 Resident - \$100 Deposit (\$270 due at check in)
 - \$250 Commuter (no meals/lodging) - \$100 Deposit (\$150 due at check in)

INTENSIVE CAMP (AGES 12-19)
June 18 – 27

- Enclosed is \$200 deposit
 - \$1100 Resident - \$200 Deposit (\$900 due at check in)
 - \$700 Commuter (no meals/lodging) - \$200 Deposit (\$500 due at check in)

Please Print:

Last Name	First Name	Home Phone	
Address	City	State	Zip
Weight	Grade - Spring 2017	Shirt size	
School Attending			

Insurance Information:

*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 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 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 #		
Insurance Address	City	State	Zip
Parent or Guardian	Home Phone	Work/Cell Phone	
Address	City	State	Zip

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

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 judgment 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
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NOTE!!! The university does NOT carry group medical coverage for this program.

For office use only

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

Send application and deposit to: John Smith Wrestling Camps, 601 S Washington #109, Stillwater, OK 74074