Generals Wrestling
Summer Prospect Camp

DATE
Check In: 5:30 PM on Friday August 5
Check Out: 11:30 AM on Sunday August 7

LOCATION
Washington and Lee University
Doremus Gymnasium

COST
$115 if registered by June 1, 2016
$145 if registered after June 1, 2016
Make Checks Payable to Washington and Lee Wrestling

CONTACT
Head Coach Nathan Shearer: (419) 618-7681, shearern@wlu.edu
Assistant Coach Alex Radsky: (614) 943-0216, radsky@wlu.edu

REGISTRATION
Complete Registration Packet and send check to
Nathan Shearer
Department of Athletics, Warner Center
204 W. Washington Street
Lexington, VA 24450

or

Register online at
http://register.myonlinecamp.com/camp.cfm?
sport=7&id=77676/wl-wrestling-camp/
Registration Form

NAME: __________________________________________________________

ADDRESS: __________________________________________________________

CITY: ______________________________ STATE: _________ ZIP: _________

CAMPER’S PHONE: _______________________________________________

CAMPER’S EMAIL: ________________________________________________

PARENT/GUARDIAN NAME: ________________________________________

PARENT/ GUARDIAN TEL: __________________________________________

PARENT/GUARDIAN EMAIL: ________________________________________

GRADUATION YEAR: _______ HIGH SCHOOL: _________________________

WEIGHT (CURRENT): _________ COLLEGE WEIGHT CLASS: ___________

ACADEMIC PROGRAMS OF INTEREST: ______________________________

T-SHIRT SIZE: _____________
Medical History Form

Camper’s First Name: ______________________ Last: Name ______________________

Date of Birth: ______________________

Does this camper currently have or has she ever had any of the following? Please provide additional explanatory information for any yes responses. Attach additional documentation if necessary:

<table>
<thead>
<tr>
<th>Condition</th>
<th>NO</th>
<th>YES</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Murmurs Irregular Pulse</td>
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<tr>
<td>Dizziness / Fainting Nose</td>
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<tr>
<td>Bleeds Diabetes</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Neurological Disorders</td>
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<tr>
<td>Headaches Asthma</td>
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<tr>
<td>Inhalers</td>
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<tr>
<td>Heat Exhaustion</td>
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<tr>
<td>Heat Stroke Heat Cramps</td>
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<tr>
<td>Fractures Sprains</td>
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<tr>
<td>Muscle Injuries</td>
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<tr>
<td>Allergies</td>
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</tbody>
</table>

Please list all prescription and non-prescription medications the camper is currently taking:


Has the camper ever sustained a head or spinal injury? Has she ever lost consciousness? If yes, to either question, please explain the nature and cause of the injury:


Does the camper have any other medical problems that could interfere with full participation in physical activities? If yes, please explain:


I being the legal guardian of the camper named above, certify that the camper named above has no medical problems that restrict her from participation in vigorous physical activity while attending Camp Play Women’s Volleyball Camp.

Signature of
Parent/Guardian_________________________Date_________________________

Print Parent/Guardian Name _________________________________

Contact Phone #_______________________
Medical Treatment Authorization

I / We, being the legal guardian(s) of the camper, authorize Generals Wrestling Camp and its agents to request medical treatment as necessary, to ensure the well-being of my/our dependent.

Signature of Parent/Guardian________________________________________________________Date__________

Waive and Release

Parent(s)/Guardian’s Assumption of Risk and Acknowledgment:

I verify that my child has been checked by a licensed physician and is physically able to participate in the Generals Wrestling Camp. In addition, I understand that attendance at a wrestling camp carries certain risks of injury and I assume all risks resulting from participation in this camp. I understand that the camp is not operated or controlled by The Washington and Lee University and will hold harmless The Washington and Lee University, its Trustees, officers, employees, agents, and any and all affiliated departments, or the Generals Wrestling Camp, its staff, officers, agents, representatives, employees, and successors from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Signature of Parent/Guardian________________________________________________________Date__________

Health Insurance Information

**PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD**

Name of Policy Holder:______________________________________________________________

Relationship to Camper:__________________________________________________________

Group/Employer:_______________________________________________________________

Claim Office Address & Telephone:________________________________________________

Policy Number:_______________________________________________________________

Group Number:______________________________________________________________

Policy Holder Signature:________________________________________________________

Date:___________________________________________________________