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, shearenr@wlu.edu
Assistant Coach Alex Radsky: (614) 943-0216, radskya@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://generalswrestling.academic.wlu.edu/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>Heart Murmurs Irregular Pulse</th>
<th>NO</th>
<th>YES</th>
<th>Information</th>
</tr>
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<tbody>
<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:__________________________