

# 2018 NEBRASKA WRESTLING INDIVIDUAL CAMP APPLICATION

EVERY INDIVIDUAL ATTENDING CAMP - STUDENT OR COACH - NEEDS TO COMPLETE AN APPLICATION

## INDIVIDUAL CAMPS

**YOUTH CAMP** - June 11-13  
Postmark Deadline: May 31  
Camper  \$150

**INTENSIVE CAMP** - June 11-22  
Postmark Deadline: May 21  
Camper  Live-In \$1,250  Commuter \$875  
Coach  Live-In \$700  Commuter \$450

**TAKEDOWN CAMP** - June 22-24  
Postmark Deadline: June 8  
Camper  Live-In \$290  Commuter \$220  
Coach  Live-In \$125  Commuter \$70

### **CAMPERS ONLY: Must fill out if attending camp**

Name of Camper \_\_\_\_\_ Roommate Request \_\_\_\_\_  
Parents or Legal Guardian \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade next year \_\_\_\_\_ Shirt Size \_\_\_\_\_ Wrestling Weight Class \_\_\_\_\_ lbs. Current Weight \_\_\_\_\_ lbs.  
Accident & Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_ Policy Owner \_\_\_\_\_

### **COACHES ONLY: Must fill out if attending camp**

Name of Coach \_\_\_\_\_  Head Coach  Assistant Coach School/Team \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Team Coaching \_\_\_\_\_

### **TO: NEBRASKA WRESTLING CAMP**

#### **Liability Waiver:**

This is the application for enrollment of \_\_\_\_\_ (camper's name) in the Nebraska Wrestling Camp on the above dates. I grant permission to the camp director, assistants or assigned chaperones of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I can not be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray examinations and anesthesia to be rendered to said minor. In addition, I hereby release the Board of Regents of the University of Nebraska and all its employees from all claims on account of any injuries that may be sustained by my child while attending the Nebraska Wrestling Camps. I also agree to indemnify the Board of Regents of the University of Nebraska and its employees for any claim, which may hereafter, be presented to my minor child as a result of any such injuries. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

#### **Youth Activity Safety Policy:**

The University of Nebraska-Lincoln's Youth Activity Safety Policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check. All UNL activities will comply with UNL's Youth Activities Safety Guidelines. I also grant permission for the Nebraska Wrestling Camp to use photographs of my child for publicity, advertising, or other commercial purposes.

#### **Disciplinary Action:**

The activity directors of the Nebraska Wrestling Camps reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal. NO REFUNDS FOR DISCIPLINARY REMOVAL.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_ Cell # \_\_\_\_\_

### **CAMPER MEDICAL INFORMATION**

Medications currently taking: \_\_\_\_\_

Allergic reactions to: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Any past illnesses or other information that would be useful in the event medical treatment is necessary: \_\_\_\_\_

MUST INCLUDE a copy of the camper's physical form from the 2017-18 school year OR have doctor signature and verification of the following:

I hereby certify that (camper's name) \_\_\_\_\_ is physically fit to participate in an active wrestling program and that I know of no physical impairments which would in any manner limit the camper's participation in such a program.

### **PLEASE MAKE CHECKS PAYABLE TO:**

NEBRASKA WRESTLING CAMPS

A \$100 nonrefundable deposit OR full payment must accompany application

**QUESTIONS?** huskerwrestlingcamps@gmail.com

phone: 402-417-0687

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

#### **MAIL COMPLETED APPLICATION TO:**

NEBRASKA WRESTLING CAMPS  
C/O Ellen Shutts  
110 Hendricks Sports Complex  
Lincoln, NE 68588-0652

#### **CAMPER CHECKLIST:**

\_\_\_\_ Completed Application  
\_\_\_\_ \$100 Deposit or Full Payment  
\_\_\_\_ Physical Form or Dr. Signature

#### **OFFICE USE ONLY:**

Date Received \_\_\_\_\_  
Amount Received \_\_\_\_\_  
Amount Owes \_\_\_\_\_  
Physical/Doctor \_\_\_\_\_

**A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL**