

# TONY ERSLAND WRESTLING CAMPS LLC



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## 2017 PARENTAL AUTHORIZATION

All information on this form MUST be completed in order to guarantee participation in the camp(s).

### **Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years)**

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Franciscan Saint Elizabeth Health – Lafayette East, and Indiana University Health Arnett, medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child to attend Tony Erslund Wrestling Camps LLC.

Minor's Name \_\_\_\_\_ Date \_\_\_\_\_

**To attend 2017 Tony Erslund Wrestling Camps LLC, a signature from one or both parents/legal guardians and a witness signature is required.**

Signature Parent/Legal Guardian (required) \_\_\_\_\_

Signature Parent/Legal Guardian Witness (required) \_\_\_\_\_

## MEDICAL INFORMATION

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

*If date of last shot is not supplied, minor may be required to obtain a tetanus shot if injured while attending camp.*

## EMERGENCY CONTACTS

### PRIMARY CONTACT

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### SECONDARY CONTACT

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

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## 2017 REGISTRATION FORM

### WHAT CAMP ARE YOU REGISTERING FOR?

- Commuter Camp / Wednesday, June 14 - Friday, June 16
- Takedown Camp / Sunday, June 18 - Wednesday, June 21
- Technique Camp / Thursday, June 22 - Sunday, June 25
- Technique II Camp / Monday, July 17 - Thursday, July 20
- Intensive Training Camp / Monday, July 17 - Thursday, July 20

### PARTICIPANT INFORMATION

Name \_\_\_\_\_

Grade (Fall 2017) \_\_\_\_\_ Age \_\_\_\_\_ Weight Class \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Legal Guardian Cell Phone \_\_\_\_\_ Parent/Legal Guardian Cell Phone \_\_\_\_\_

Twitter \_\_\_\_\_ Shirt Size (S-XXXL) \_\_\_\_\_

Preferred Roommate \_\_\_\_\_

### HOW DID YOU HEAR ABOUT TONY ERSLAND WRESTLING CAMPS LLC?

- Online Search
- Word of Mouth
- Social Media
- Previous Camper
- Other \_\_\_\_\_

### REFUND POLICY

Refunds will only be given due to illness or serious injury. A letter requesting a refund must include a thorough explanation and a doctor's excuse note. No refunds will be given over the phone. All refund requests must be submitted via postal mail or email 10 days prior to the camp you are attending. Electronic refund requests made via email must include a photo or scanned doctor's excuse note.

#### Postal mail

Tony Ersland Wrestling Camps LLC  
2513 Gala Dr.  
West Lafayette, IN 47906

#### Email

TonyErslandWrestlingCamps@gmail.com