- TONY ERSLAND WRESTLING CAMPS -

2019 MAIL-IN REGISTRATION FORM

➔ **ALWAYS AGGRESSIVE TOP CAMP / THURSDAY, JUNE 20 - SUNDAY, JUNE 23**

☐ Resident $355 ☐ Commuter $255

➔ **TECHNIQUE CAMP / SUNDAY, JUNE 23 - WEDNESDAY, JUNE 26**

☐ Resident $355 ☐ Commuter $255

➔ **TAKEDOWN CAMP / THURSDAY, JUNE 27 - SUNDAY, JUNE 30**

☐ Resident $355 ☐ Commuter $255

Name _____

Grade (Fall 2019) _____ Age _____ Weight Class _____

Address _____

City, State, Zip _____

Cell Phone _____ Email _____

Parent/Legal Guardian Cell Phone _____ Parent/Legal Guardian Cell Phone _____

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 _____

Mail completed registration form, signed waivers and check for full amount made payable to **Tony Ersland Wrestling Camps LLC**, to:

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

Please do not send cash. 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.

PAYMENT INFORMATION (FOR STAFF USE)

☐ Paid in full

☐ Check / Check Number _____

Tony Ersland Wrestling Camps are open to any and all entrants limited only by number, age, grade level and/or gender.

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RELEASE, WAIVER AND CONSENT TO MEDICAL TREATMENT

In consideration of being allowed to participate in this camp, I hereby Release, Waive, and Covenant not to sue [Tony Ersland Wrestling Camps] ("Operator"), The Trustees of Purdue University ("Purdue") and any volunteers or staff of either Operator or Purdue (hereinafter referred to as Released Parties) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my child, or any property belonging to me/my child, whether caused by the negligence of Released Parties or otherwise, while participating in this camp, or upon the premises where the activities are conducted.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity that would place my child at risk in the participation in any way with the camp activities. I am fully aware of risks and hazards connected with this camp. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, which may be sustained by my child as a result of participating in camp activities, whether caused by the negligence of the Released Parties or otherwise. I agree to indemnify and hold harmless the Released Parties from any liability, damage, or cost that may accrue related to me/my child's participation in the camp, whether caused by the negligence of the Released Parties or otherwise.

DURING THE PERIOD FROM _____ UNTIL _____, I HEREBY GIVE PERMISSION TO [CAMP OPERATOR], TO RENDER APPROPRIATE MEDICAL ATTENTION TO MY CHILD IN THE EVENT OF ANY ACCIDENT, ILLNESS, OR INJURY. I WILL BE RESPONSIBLE TO ANY COST OF MEDICAL COVERAGE AND TREATMENTS NOT COVERED BY INSURANCE.

It is my express intent that the Release, Waiver and Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs assigns a personal representative, if I am deceased and shall be deemed as a release, waiver and covenant not to sue the above-named Released Parties. I hereby further agree this Release, Waiver and Consent to Medical Treatment shall be construed in accordance with the laws of the State of Indiana.

In signing this release I acknowledge and represent that I am the parent or legal guardian of the named minor, have read and understand this Agreement and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

_____

Name of Minor

_____ _____

Parent/Guardian Signature Date

_____

Emergency Contact Number

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CONSENT FOR MEDICAL TREATMENT OF A MINOR

Name of Minor: _____ Date: _____

In order to enable the Tony Ersland Wrestling Camps to provide prompt care to your minor son or daughter, we urge you to read and complete this Consent form. In this way, we can help your child without delay should an emergency occur.

I, _____,
(Full name of parent/guardian)

declare that I am the _____
(Father/Mother/Guardian)

of _____
(Full name of minor)

a minor, age _____, born _____, 19/200 _____

Please provide the following information concerning said minor:

Allergic Reactions: _____

Present Medication: _____

Date of Last Tetanus Booster: _____

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

_____

Please complete ONE of the following:

- ☐ I grant permission of the camp directors, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including surgery, lab tests, x-ray examinations and physical therapy to be rendered to said minor by a licensed/certified health care provider.

Date: _____ Signature: _____
(Parent or Guardian)

- ☐ I do not wish medical care of any kind except emergency care to be provided for said minor.

Date: _____ Signature: _____

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PUBLICITY RELEASE

I, _____, am the parent or legal guardian of _____, a minor. I give Tony Ersland Wrestling Camps (hereinafter, the "Camp"), permission to use my the minor's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the Camp. I agree that the Camp has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Camp's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc., for the use of the minor's likeness, and hereby release the Camp, Purdue University and any of their respective agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the Camp to use my minor child's name and likeness to promote the Camp and its mission.

_____ _____

Parent/Guardian Signature Date