

SOU's Dual Meet Team Wrestling Camp

July 30- Aug. 2

Mail to:
 SOU Wrestling Camp
 1250 Siskiyou blvd.
 Ashland, OR 97520

	Put an X on your choice			
Standard Commuter _____	\$125	with Meals _____	\$165	
Resident Camper (R.C.) _____	\$245	Resident Coach _____	\$100	
R.C. 05-10 Team discount _____	\$225	Resident Coach _____	\$ 50	
R.C. 11-20 Team discount _____	\$200	Resident Coach _____	\$free	

Make checks payable to: SOU Wrestling Camp

- Visa or Mastercard Card # _____
- Exp. Date. _____

Signature _____

Insurance
 You must provide a primary insurance carrier. All campers must have primary insurance to attend wrestling camp

Primary Medical Insurance Carrier and Policy Number
 I hereby, authorize the staff of the Southern Oregon University Wrestling Camp to act for me according to their best judgment in any emergency requiring medical attention. I also hereby waive and release Southern Oregon University and the staff of the Southern Oregon University Wrestling Camp from any and all liability for any injuries sustained while my son/daughter is at Camp. I have no knowledge of any physical impairment that would affect my son/daughter's participation in the camp.

Camper Name: _____ **DOB** _____

Name of Insurance Company: _____

Policy Number: _____

Parent/Guardian Name (Please Print)

 Signature of Parent / Guardian Date

Participant Name (Please Print)

 Signature of Participant Date

Emergency Contact Information (Please Print)

Emergency Contact (1)/Relation:

Emergency Contact(1) Number:

Emergency Contact(2) - Email / Relation:

Special Medical Conditions (i.e Asthma) - Use back if needed
