Hoke High Wrestling

Hoke High Wrestling

PRESENTS

Virginia Tech's

Asst. Coach Nathan Yetzer

June 3rd, 4th, and 5th

Technique Camp

Hoke County High School's McDonald Gym
Mail-In Registration Fee $50 by May 31, 2011
On Site Registration: June 3rd 6PM
On Site Registration Fee: $75

1st Session: June 3, 2011 7PM – 9PM
2nd Session: June 4, 2011 10AM-NOON (Lunch on your own)
3rd Session: June 4, 2011 1:30PM – 3:30PM
4th Session: June 5, 2011 10AM-Noon

Hoke County High School/Virginia Tech Wrestling Camp

Registration Form

Wrestler Name	
Address	
Phone Number	
E-Mail Address	
Cell Number	
Grade Next Year	
Parent Name	
E-Mail Address	
Phone Number(s)	
School Attending	
School Coach	
Expected Weight Class	
Parent Signature	
Parent Printed Name	
Date	
Wrestler Signature	
Wrestler Printed Name	
Date	

As a Condition to Enrollment, the Medical Authorization Disclaimer of Liability and Medical Information Statement MUST be Signed and Dated by the Camper's Parent or Guardian.

Medical Authorization: In the event of an emergency, I hereby give permission for my child to be examined by a local licensed physician. I understand that medical care shall include, but not be limited to, any decision to hospitalize and/or secure proper treatment, anesthesia or surgery necessary for the treatment of my child in said emergency. The Camp is permitted to release any and all insurance information I have provided to them should my child require medical care.

Health Insurance Co: _____

Contact or Group #: _____

Disclaimer of Liability: The Camp and its staff do not assume liability for injuries incurred while at camp or on the way to and from camp. Parents should contact their own insurance carrier to get additional insurance for the camper, if necessary. The Camper, in attending The Camp and in using any of our facilities, does so at their own risk. The camp and their staff, shall not be liable for any damages arising from personal injuries sustained by the camper during the clinic or at the facilities. The Camper and their parents assume full responsibility for any damages or injuries which may occur to the camper during the clinic session and so hereby fully and forever exonerate and discharge The Camp, its staff, its facilities, clinicians, employees, and agents from any and all claims, demands, rights of action or causes of action, present or future, anticipated or unanticipated, resulting from or arising out of the camper's participation in the clinic sessions and in the use of the facilities.

Parent/Guardian Signature: _____ Date: _____