



Saints Wrestling Camp

St Louis Catholic High School

18, 19, 20 June 2010

Day Camp for Wrestlers and Coaches

Wrestlers Camp Fee: \$150, Coaches Come Free with Wrestlers

Pre-Bantam & Bantam, ages 4-8 Camp Fee: \$100; 9:00-1:00 (3 hrs of instruction & lunch)



New

Rob Hermann Wrestling Clinic

SLCHS Wrestling Team is excited to offer for the first time in Lake Charles, LA to wrestlers the benefit of working with an Olympic and World Team Coach! In addition to our local area coaches, we'll also have Rick Zimmer and Roberto Furtado - head coaches at New Orleans high schools and Team Leaders, Mentor & Coaching Staff for our Louisiana National Wrestling Team. These coaches are here to help our local wrestlers during the off season with a power packed clinic! This clinic is open to the first 100 Wrestlers [Pre-Bantam (Born 2004 and later) through HS Twelfth graders that register].

Wrestler Info

Name: _____

School: _____

Address: _____

Age: _____ Weight: _____ Grade: _____

City/State/Zip: _____

Date of Birth (D/M/Year): _____

Email Address: _____

Coach: _____ (Phone # _____)

Phone: () _____

Cell: () _____

T-Shirt Size (circle one): YM YL AS AM AL XL XXL

Lunch and drinks are included for the 3 x day clinic

Payment Info Due to popular demand the registration has been extended to the 1st day of camp. We have also included the Pre-Bantam and Bantam age groups from 4 – 8 years old (Born 2004 or Later). The Pre-Bantam and Bantam instruction will be from 9:00-12:00, then lunch and pick-up. This registration form, the Emergency Medical Treatment Authorization & Implied Consent Form, and the camp fee must be paid no later than the 1st day of camp (18 Jun) during registration. Cash, check, or money orders accepted made payable to Saints Wrestling. Team Discounts Available. Sibling Discounts Available. Other Discounts Available Upon Special Request.

Mail registration forms and payment to Saints Wrestling – Attn: Debbie Stutes, 600 Broad Street, Lake Charles, LA 70601

Questions/Contacts: Coach Terry Gage (337) 526-3631 or Debbie Stutes at (337) 794-2418

Schedule:

PARENTS: Please Read and Sign.

Friday, Jun 18

8:30 – 9:30 Registration
9:30 – 12:30 Session 1
12:30 – 1:30 Break (lunch)
1:30 – 4:30 Session 2

1. My child has permission to attend the SLCHS Wrestling Camp at SLCHS, Lake Charles, LA

Saturday, Jun 19

9:00 – 12:00 Session 3
12:00 – 1:00 Break (lunch)
1:00 – 4:00 Session 4

3. I acknowledge that, at camp, my child will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where he may risk injury.

Sunday, Jun 20

9:00 – 12:00 Session 5
12:00 – 1:00 Break (lunch)
1:00 – 4:00 Session 6

4. I specifically, fully and forever, waive and release SLCHS Wrestling Camp, SLCHS, its owners and staff from liability and claims for damages my child may sustain at camp and in travel to and from said camp.

5. In the event of an emergency in which my child requires medical care, I authorize the staff of the SLCHS to obtain, for him, necessary medical treatment.

PARENT'S/GAURDIAN'S SIGNATURE: _____ Date _____

Emergency Phone: _____ (not home) Cell Phone: _____ Home Phone: _____

Wrestler's Drug Sensitivities: _____ Other Allergies: _____

Insurance: _____ Insurance Policy Number: _____

Rob Hermann:

(Coach)

(Competitor)

- | | | |
|--|--|---|
| <input type="checkbox"/> 2010 World Team Head Coach | <input type="checkbox"/> Pan Am Games Coach 2009, 1995 | <input type="checkbox"/> World Cup Silver Medalist |
| <input type="checkbox"/> 2000 & 1996 Olympic Coach | <input type="checkbox"/> 3 x US Military Team Coach | <input type="checkbox"/> 3 x World Team member |
| <input type="checkbox"/> 1992 & 1996 USA Coach of the Yr | <input type="checkbox"/> All-Navy Coach | <input type="checkbox"/> 5 x National Champion |
| <input type="checkbox"/> 1992-96 USAW Coach of the Year | <input type="checkbox"/> 2 x USA Wrestling Coach of the Year | <input type="checkbox"/> 11 x Armed Forces Champion |
| <input type="checkbox"/> Member, National Wrestling Hall of Fame | | <input type="checkbox"/> 5 x World Cup Team Member |

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18, 19, 20 June 2010

Emergency Medical Treatment Authorization & Implied Consent Form For SLCHS Wrestling Camp

Wrestler's Name: _____
Wrestler's Grade: _____ Phone: _____
Wrestler's Address: _____
Wrestlers City, State Zip: _____
Wrestler's Email Address: _____
Wrestler's School: _____

I, _____ (parents printed name), grant permission to Coach Terry Gage, who is a coach or team representative of SLCHS Wrestling Team to seek emergency medical treatment for my child, _____ (wrestlers printed name) in the case of an injury sustained while participating with one of the various SLCHS Wrestling Camps and/or Clinics. This permission is valid during the current sport of Wrestling with effective dates of the annual clinic 18, 19 and 20 June 2010.

Please note medical conditions or prescriptions that could affect proper treatment of your child: _____

I approve of my son's attendance at wrestling camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care.

Doctor's Name: _____ Parent's Home Phone: _____
Doctor's Phone: _____ Parent's Cell Phone: _____
Preferred Hospital: _____ Parent's Work Phone: _____
Medical Insurance Co.: _____ Parent's Address: _____
Parent's email Address: _____

Parent's Signature: _____

Date: _____ Parent's Print Name: _____

IMPLIED CONSENT

I am aware that wrestling is a dangerous activity, and I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all risks of property damage, personal injury, or death.

In consideration of my participating, I hereby release SLCHS Wrestling Team, and any of its coaches, instructors, officers, directors or agents, to include any school institutions providing facility usages from any present and future claims, including negligence, for property damage, personal injury, or wrongful death, arising from my participating in wrestling activities.

Furthermore, I hereby voluntarily waive any and all claims, both present and future, arising from my participation in wrestling activities, including, but not limited to negligence, property damage, personal injury and wrongful death.

I further understand that wrestling activities that I participate in may be conducted at sites that are remote from available medical assistance; and nonetheless agree to proceed with such activities in spite of possible absence of medical assistance. I also understand that any equipment provided for my protection may be inadequate in preventing serious injury.

I understand that SLCHS Wrestling Team carries NO team medical insurance to cover players who are members of the team or who participate in their events, and that my/our personal insurance will be utilized.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies that may be available to me.

Wrestler's Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Please print, sign and mail the two forms with payment to Saints Wrestling prior to June 18, 2010 or bring to 1st day of camp during registration.

Mail to: Saints Wrestling - Attn: Debbie Stutes, 600 Broad Street, Lake Charles, LA 70601
No Wrestler Will Be Accepted Without A Signed Parental Permission And Waiver Form