

Blue and Gold Wrestling Camp

Technicians:

Ryan Strope; 2x NCAA All American
Gabrielle Weyhrich; 1x NCAA All American
Runner up



- . Grades: 3-12
- . June 11– 4 6-8: three nights of technique and the last night is a takedown tournament
- . Please return Sign Up form by May 15
- . Location Fatima High School
- . \$30

In this camp there will be three days of technique followed by a fourth night where all of the athletes will participate in a takedown tournament. Both of the technicians of this camp are outstanding college wrestlers with tons of experience to share bring a women's aspect to the sport and a guys. They have both spent the last couple of summers helping coach Nebraska's girl's and boy's teams at Fargo.

Cost is: \$30

Please make checks payable to Coach Strobe. You may turn camp forms in to the high school office or mail them to Fatima and put them to the attention of AD Secretary Lisa Neuner. The school address is: 143 East Main, PO Box 37, Westphalia, MO 65085. For questions contact Kurt Strobe at Fatima at 573-418-2540

REGISTRATION FORM: MUST BE RETURNED WITH CHECK/MONEY BY MAY 15!

Athletes Name: _____ Upcoming Grade: _____ Age: _____

Parent/Guardians Name(s): _____

Home Phone: _____ Cell Phone: _____

T-Shirt Size: (Circle One)	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large	(All Sports)
-------------------------------	-----------------	----------------	----------------	-----------------	----------------	------------------	--------------

*** PLEASE FILL OUT THE LIABILITY & MEDICAL CONSENT/RELEASE FORM ON THE BACK OR ATTACH IT! ***

FATIMA SUMMER SPORTS CAMP

2018 LIABILITY & MEDICAL CONSENT/RELEASE FORM

PARENT(S) OR LEGAL GUARDIAN(S) AND PARTICIPANTS MUST READ AND SIGN THE FOLLOWING RELEASE FORM IN ORDER TO PARTICIPATE AND ATTEND ANY SPORTS CAMP AT FATIMA HIGH SCHOOL.

Liability & Medical Consent/Release and Assumption of Risk Disclaimer

(Please read and sign below)

I, the parent/guardian of _____ (participant's name), hereby release the Osage County R-III School District and their employees and volunteers, and waive all responsibility on their part for any liability with respect to travel and/or sports participation for my child named above and/or any loss of property that may occur at such a time. This waiver and release extends to all camps, practice sessions, travel to and from the activity, open gyms, and participation in the activity, and shall release Osage County R-III and their employees and volunteers from any liability except for gross or willful negligence with respect to an injury to the above participant.

It is understood that sports activities, etc. can be dangerous and the parent/guardian is responsible for evaluating the participant's fitness to participate in these activities. The parent/guardian is also responsible for any and all insurance to cover this child's participation in these activities. The parent certifies that the child is fit to participate in the summer activity listed below. A release form must be turned in for each activity or camp that your child participates in.

If, in the judgment of any school representative, the above named participant should need immediate care and treatment as result of any injury or illness, I do here hereby request, authorize and consent to such care and treatment as may be given said participant by a physician, trainer, nurse, or school representative, and I do hereby agree to indemnify and release the Osage County R-III School District and their employees and volunteers from any and all claims by any person whomever on account of such care and treatment of said participant. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of a serious illness, or significant accidental injury of the need for major surgery, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is unable to communicate with me, the treatment necessary for the best interest of the above named participant may be given.

This participant: _____ (Please Print Name)

_____ Has no known allergies to medication.

_____ Is allergic to some medication(s). The medication(s) they are allergic to include: _____

IN CASE OF EMERGENCY:

First Contact Person: _____ **Phone:** _____

Second Contact Person: _____ **Phone:** _____

Name of Participant's Doctor: _____ **Phone #:** _____

Insurance Carrier: _____ **Policy Number:** _____

Name of Parent/Guardian (Please Print Legibly): _____

Signature of Parent/Guardian: _____ **Date:** _____

Signature of Participant: _____ **Grade Level of Participant (In Fall 2018):** _____