REGISTRATION FORM—2013 PENN STATE WRESTLING CAMPS

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN. TYPE OR PRINT IN INK ONLY. FILL IN ALL SECTIONS. This form may be copied for additional applications. Your payment, in full, must accompany this registration form. [] Technique Camp I: June 26-29 Team Camp I: July 7-10 1 Intensive Training Camp: June 26 – July 3 Team Camp II: July 11-14 Technique Camp II: June 30- July 3 Last name Middle initial First name Birth date (m/d/y) Age Home address (no. and street, or box no.) City ZIP code State Home phone no. Parent's/Legal guardian's e-mail address Parent's/Legal guardian's last name First name Daytime phone no. Home/cell phone no. Applicant's grade next fall (circle one): 6 7 8 9 10 11 12 Do you wish to be put on a waiting list if the camp is full? Roommate preference (One name only; the roommate must also complete a registration form.) (No rooming changes within 20 days prior to camp.) Enroll the applicant as a: [__] Technique Camp resident: \$440 [__] Technique Camp commuter: \$375 [__] Intensive Training Camp resident: \$790 [__] Intensive Training Camp commuter: \$635 [__] Team Camp resident: \$390 [__] Team Camp commuter: \$325

In accordance with NCAA guidelines, all Penn State University Sport Camps and Clinics are open to any and all entrants, limited only by specified number, age, grade level and/or gender of its participants.

CAMPER INFORMATION- 2013 Penn State Wrestling Camps [] Technique Camp I: June 26-29 [] Team Camp I: July 7-10 1 Intensive Training Camp: June 26- July 3 [] Team Camp II: July 11-14] Technique Camp II: June 30- July 3 School City Year graduating Weight Height **RELEASE** I, the undersigned, as a parent or legal guardian of a minor, ask that he/she be admitted to participate in this sport camp sponsored by The Pennsylvania State University. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless The Pennsylvania State University, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or residence in University housing, or in the course of competition and/or activities held in connection with the sport camp. Additionally, I authorize Penn State Sport Camps to photograph, videotape and/or audiotape my child in promotion of the University's summer sport camps. I have read and understand the refund policy as stated on the Fees and Refunds page. Signature requested: Parent's/Legal guardian's signature Date I have reviewed the Standards of Conduct (found on the Fees and Refunds page) with my child, who agrees to follow this code. You must agree by checking Yes or your registration will be returned. [__] Yes To apply for camp, complete all three parts and mail to: Penn State Sport Camps Office 204 Multi-Sport Facility

University Park, PA 16802

BEFORE MAILING

Did you remember?

- 1. Include the parent's/legal guardian's signature on the "Release" and "Medical Treatment Authorization" forms.
- 2. Enclose payment in full.

PARENTS/LEGAL GUARDIANS: Did you sign in all designated areas?

If you have any questions concerning the camp, please contact the Penn State Sport Camps office at 814-865-0561.

PENN STATE SPORT CAMPS - MEDICAL TREATMENT AUTHORIZATION 2013 Penn State Wrestling Camps] Technique Camp I: June 26-29 Team Camp I: July 7-10 Intensive Training Camp: June 26- July 3] Team Camp II: July 11-14 1 Technique Camp II: June 30- July 3 First name Middle initial Last name Home address (no. and street, or box no.) City State ZIP code Parent's/Legal guardian's daytime phone no. _____ Home phone no. ___ Cell phone no. (if applicable)___ I hereby authorize the clinical staff of University Health Services or other licensed practitioner of the healing arts, acting within the scope of his or her practice under State law, to provide medical care that includes routine diagnostic procedures (e.g., x-rays, blood and urine tests) and medical treatment as necessary to my minor daughter/son/dependent, Daughter/son/dependent's First Name Date of birth (m/d/y) Last Name Age I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the program activities/camp. Child's physical or emotional health conditions that the clinician should be aware of: recurring illnesses, disabilities, chronic illnesses, etc.: medications

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for physicians and staff at University Health Services or other licensed practitioners of the healing arts to perform any necessary emergency treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes to the appropriate medical care provider. I understand that University Health Services does charge for services and that it is my responsibility to pay the bill. As applicable, I am responsible to submit any claims to my health insurance company for reimbursement.

I authorize The Pennsylvania State University to receive medical/billing information and submit it to the University's insurance carrier.

Head Injury

Date of most recent tetanus immunization: __(If more than ten years ago, a booster shot is recommended.)

Penn State Sport Camps staff will manage head injuries, including suspected concussions, conservatively using the 'ABC' (**A**-Assess the situation, **B**-Be alert for signs and symptoms, **C**-Contact a health care professional) recommendation of the Centers for Disease Control and Prevention (CDC). This includes immediate removal of a camp participant from play upon sustaining a head injury and using appropriate field clinical techniques to screen a camp participant for typical signs and symptoms associated with a concussion. Upon presenting with <u>any</u> associated signs and symptoms of a concussion, the Sports Health Care staff will advise a parent/legal guardian/coach that the respective camp participant discontinue play immediately.

PENN STATE SPORT CAMPS - MEDICAL TREATMENT AUTHORIZATION

Penn State Sports Camps adheres to the notion that a licensed physician with training in managing traumatic brain injury will make the final recommendations and decision regarding returning a camp participant to play after a head injury with suspected concussion. Thus, Sports Health Care personnel will NOT make such decisions.

Penn State Sport Camps advocates that parents/legal guardians, coaches/administrators and camp participants alike review the CDC 'Heads Up' concussion training online tutorial at http://www.cdc.gov/concussion/headsup/training/headsupconcussion.html BEFORE attending related events on campus. Sport Camps also mandates that parents/legal guardians, coaches/administrators and camp participants review the corresponding 'Heads Up' fact sheet for parents, coaches and athletes (camp participants) respectively.

- 'Heads Up' Fact Sheet for Parents http://www.cdc.gov/concussion/pdf/parents Eng.pdf
- 'Heads Up' Fact Sheet for Coaches http://www.cdc.gov/concussion/pdf/coaches Engl.pdf
- 'Heads Up' Fact Sheet for Athletes http://www.cdc.gov/concussion/pdf/athletes_Eng.pdf

Accordingly, endorsing the Sport Camps medical treatment authorization form affirms that parents/legal guardians and/or coaches/administrators have reviewed the 'Heads Up' fact sheet for athletes with camp participants **BEFORE** attending related events on campus.

I have reviewed the Head Injury Information (found above on the Medical Treatment Authorization Form) with my child. You must agree by checking **Yes** for your child to be registered for camp.

Γ	1	Yes

HIPAA

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information. Follow this computer link to the University Health Services Notice of PrivacyPractices. (https://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml)

I understand that, unless specifically stated otherwise in the Penn State program/camp literature, The Pennsylvania State University **does not** provide medical insurance to cover emergency care or medical treatment of my child.

Name of emergency contact	Phone no.	
Name of family physician	Phone no.	
Parent's/ Legal guardian's name (please print)	Signature * Terms electronic signature	and Conditions agreed to via ə.
Camp Participant's Health Insurance company		
Policy subscriber's name	Policy no.	Group no.