

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
 Intensive Training Camp: June 26 – July 3 Team Camp II: July 11-14
 Technique Camp II: June 30- July 3

Last name First name Middle initial

Birth date (m/d/y) Age

Home address (no. and street, or box no.)

City State ZIP code

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? Yes No

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

Intensive Training Camp: June 26- July 3

Team Camp II: July 11-14

Technique Camp II: June 30- July 3

School	City	Year graduating
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Height	Weight
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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

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.

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 Privacy Practices](http://studentaffairs.psu.edu/health/welcome/confidentiality/noticeOfPrivacyPractices.shtml). (<http://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 * <i>Terms and Conditions agreed to via electronic signature.</i>	
_____ Camp Participant's Health Insurance company		
_____ Policy subscriber's name	_____ Policy no.	_____ Group no.