

# NORTHWEST ELITE TEAM CAMP

June 30<sup>th</sup>-July 3<sup>rd</sup>, 2019

Please Print Legibly or Type

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Check if commuter : \_\_\_\_\_

\* (Commuters attend camp, but stay off campus and provide own meals)

We anticipate our camp filling to full capacity!! Don't wait too late and miss out! Please include deposit, of \$100 to reserve your spot in camp (Deposits are not automatically refundable). Please make payment by Check or Money Order to **ROBERTS WRESTLING**. Balance is due at or before camp check in.

Phone: (208) 691-1639 Email: [robertswrestling@outlook.com](mailto:robertswrestling@outlook.com)

Please remit payment to:  
Roberts Wrestling, LLC  
P.O. Box 14601  
Spokane Valley , WA 99214

# NORTHWEST ELITE TEAM CAMP

## June 30<sup>th</sup>- July 3<sup>rd</sup>, 2019

### INSURANCE INFORMATION & PARENT/GUARDIAN RELEASE FORM

Note: Please print legibly in INK or type. This form must be completed in FULL, including signatures of parent or legal guardian. Campers will NOT BE ALLOWED to participate without completion of form.

Campers Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### MEDICAL INFORMATION

Any known Allergies, Illnesses, Injuries, or Disabilities \_\_\_\_\_

Medications Camper will bring \_\_\_\_\_

Participant's Physician Name \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

### INSURANCE INFORMATION

Insurance Company Name \_\_\_\_\_

Phone number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

### PARENT/GUARDIAN RELEASE

I hereby:

1. Give permission to the above name camper to attend and participate in the Northwest Elite Camp, referenced above.
2. Give permission to the staff to render preventative, first aid or emergency treatment, or all the foregoing, necessary to camper's health and well-being. In the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If camp staff is unable to communicate with me, the treatment deemed necessary for camper's health and well being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude camper's participation in camp activities.
4. Agree to assume all risk arising from camper's participation in camp activities, including but not limited to any activities that may present risk of bodily injury.
5. Agree to waive, hold harmless, discharge and release Roberts Wrestling, LLC or the facilities they are using for any and all liability, claims, causes of action, damages or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities.
6. Understand that any medical expenses for Camper's health and well-being will be the responsibility of the parent/guardian.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete forms and send payment to Roberts Wrestling, LLC.

