

EXTREME TEAM

WRESTLING CAMP

SOUTHERN UTAH UNIVERSITY

JUNE 8TH – 11TH

THIS CAMP INCLUDES ENTRY FEE TO THE
UTAH SUMMER GAMES WRESTLING TOURNAMENT ON JUNE 12^H AND 13TH
GRECO ROMAN – FREESTYLE – FOLK STYLE

THIS CAMP IS GREAT FOR ALL AGES AND SKILL LEVELS. OUR CLINICIANS WILL TEACH THE ELITE WRESTLER AS WELL AS DEVELOP THE BEGINNING WRESTLER THAT WILL ENABLE HIM/HER TO COMPETE AND GROW IN THE SPORT OF WRESTLING.

FEATURING CLINICIANS:

CT CAMPBELL: FORMER IOWA AND TEXAS NATIONAL TEAM COACH
BUCHANON HIGH SCHOOL, CA HEAD COACH

THIS IS A TECHNIQUE AND DRILLING CAMP SO COME PREPARED TO LEARN HOW TO DRILL!

COST: \$75.00 NON REFUNDABLE DEPOSIT DUE BY MAY 30TH

CAMPER: \$350.00 (includes 5 nights 6 meals, t-shirt, USG entry fee)

COMMUTER: WITH MEALS: 250.00 (6 meals, t-shirt, USG entry fee)

COMMUTER: \$200.00 (t-shirt and USG entry fee)

(\$50.00 dollar late fee after May 30th)

Send registration form to:

Utah Summer Games

351 W University Blvd – Cedar City, UT 84720

Make checks payable to USG

Contact coach pace 435-229-2557 or e-mail brian@rrrtc.com

Name _____

School/Club _____

Address _____

City _____ State _____ Zip _____ Phone# _____

E-mail _____ Weight _____ Age _____

T-shirt size (circle one) XXL XL L M S YL YM YS

Please indicate type of payment: _____ Money order _____ Credit Card _____ Check

Credit Card type and # _____ exp date _____ code _____

see back for medical and insurance info

Extreme Camp Medical Release Form:

I verify that my son has been checked by a licensed physician and he is physically able to participate in technique and drilling sessions in the extreme wrestling camp. I hereby authorize the directors of the camp to act accordingly to their best judgment in an emergency requiring medical attention for illness or injury. I hereby waive and release extreme wrestling camp from any and all illness or injury while attending this camp.

As a condition of enrollment the following disclaimer of liability must be signed and dated by the wrestlers parent/guardian

The wrestler attending the extreme wrestling camp does so at his own risk. the university and staff shall not be liable for any damages arising from personal illness or injury sustained by the wrestler during this camp. the wrestler and parent/guardian assume all responsibility for any damages, injuries, or illness which may occur to the camper during the camp session and so hereby fully and forever exonerate and discharge the university, camp counselors, directors, staff, owners and any agents from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be anticipated, or unanticipated, resulting from or arising out of wresters participation in the camp.

Parent signature _____ date _____

Participant signature _____ date _____

Insurance information:

Insurance company _____

Policy holder _____

Policy number _____

Current health _____

List any concerns (i.e. allergic reactions, etc) _____

UTAH SUMMER GAMES AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the UTAH SUMMER GAMES athletics/sports program and related events and activities:

1. I agree that prior to participating, I will, or if I am the parent or guardian of a minor participant, will instruct such participant that he or she should inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise my coach (if I am participating as an athlete) or supervisor of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that I may be engaging in activities that involve risk of serious injury, permanent disability, or death, and severe social and economic losses which might result not only from my own actions, inactions or negligence by actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. I assume all the forgoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death.
4. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue the UTAH SUMMER GAMES FOUNDATION, sponsor of the UTAH SUMMER GAMES, its affiliates, their respective administrators, officers, directors, agents, coaches, and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise in connection with association or entry in and/or arising out of my travel to, participation in, and returning from competition of the Games.
5. In the event that I sustain injury or illness while competing in the UTAH SUMMER GAMES, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel, including college and university trainers, to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately able to do so.
6. I hereby consent to allow my picture and/or voice likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the UTAH SUMMER GAMES and without compensation to me.
7. I understand that the UTAH SUMMER GAMES will not sell any of my personal information to third parties unless I give my consent and the UTAH SUMMER GAMES reserves the right to contact me about upcoming events or with other notices about the UTAH SUMMER GAMES.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THIS WAIVER.

SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

(Required if participant is under 18)