

2008

HIGH TECH WRESTLING CAMPS

July 29th, 30th, and 31st

Two Technique Sessions per day offered by:

Kenard Booker: Former College Head Coach, All-American

Coach of 41 College All-Americans and 6 National Champs, High School State, Asics Junior National, Tulsa National, Reno Worlds, USJOC, OKWA Champs and placers: even a US Open Champ!

July 29th, 30th and 31st

(3 Day) **TECHNIQUE CAMP (AGES 5-18)**

COST: \$100.00 includes t-shirt (\$125.00 if paid at the door) **only cash or a money order will be accepted at check-in*

Enclosed is my deposit check for \$75.00 (deposit must be received by June 1) (deposit non-refundable)

Please Print

_____ / _____ / _____				
Last Name	First Name	Home Phone	email	
_____		_____	_____	_____
Address	City	State	Zip	
_____		_____	_____	_____
Weight	Grade, Fall 2007-08	Shirt size	S	M L XL
_____	_____	_____		

Years wrestling: _____

TEAM RATE

(Team Rate deposit must be received by June 1)

(3 Day) **TEAM RATE (MAX 10 KIDS)**

COST: \$850.00 (EACH ADDITIONAL WRESTLER ADD \$75.00)

Enclosed is my deposit check for \$300 (deposit non-refundable) **only cash or a money order will be accepted at check-in*

Enclosed is my check for \$850.00.

Team or Club Name: _____

Contact Name: _____ Contact Phone: _____

DATE COMPLETED: _____ / _____ / _____

PLEASE COMPLETE AND SIGN THE HEALTH FORM.

Send application, health form, and deposit to:

High Tech Wrestling Camps
5321 S. 7th E., Muskogee, OK 74403

CONTACT KENARD BOOKER
918-781-3925

*You have the right to cancel for a full refund up to five days after postmark.
Team Camp deposit and application must be postmarked by June 1, 2008*

For office use only

Postmark Date	Date Received	Amt Deposit	Bal Due	Receipt #/Check #

High Tech Wrestling Camps 2008 Health Form

PERTINENT MEDICAL INFORMATION

Please Print

Parent or Guardian	Home Phone	Work Phone	
Address	City	State	Zip

Name and Phone Number of Individual(s) to Contact in Case of Emergency

Name and Phone Number of Individual(s) to Contact in Case of Emergency

*PERMISSION FOR MEDICAL TREATMENT, RELEASE OF MEDICAL INFORMATION AND PAYMENT OF MEDICAL EXPENSE
I REQUEST AND GIVE PERMISSION to the physicians and medical staffs at the nearest Medical facility, which may include Hospitals and Urgent Care clinics to treat the above-named participant appropriately, including hospitalization, prescribing medication, and performing emergency medical procedures.
I AUTHORIZE release of any medical information to the treating facility(s) and/or physicians which may be pertinent to any diagnosis or treatment of the above-named participant.
I UNDERSTAND that any charges resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier, which is:*

Medical Insurance Co.	Policy #		
Address	City	State	Zip

Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the High Tech Wrestling Camp Staff to act for me, according to its best judgement in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp. The enclosed applicant fee has not been provided by any representative(s) of the institution's athletic interest.

Parent or Guardian Signature	Date
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IMPORTANT NOTICE

The High Tech Wrestling administrators, clinicians, coaches, hosting facility nor staff DOES NOT Carry Group or any Medical Coverage For This Camp. By signing above, you agree to pay for any medical cost related to accident or injury while participating in this camp.

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Kenard Booker
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Muskogee, OK 74403
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