



# Hitchcock/Azevedo Wrestling Camps

*World Class Training in a World Class Location*

*Training Champions for Over 40 Years*

Toll Free 1-877-809-3232

[www.wrestlingcamps.org](http://www.wrestlingcamps.org)

## Summer 2011

### Parent Authorization and Emergency Contact Information

**Please bring this form with you to camp completed**  
**WRESTLERS ARE NOT ALLOWED TO WRESTLE WITHOUT THIS FORM BEING COMPLETED**

Name \_\_\_\_\_ Session(s) # Attending \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Number City State Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work/Emergency Phone: (\_\_\_\_) \_\_\_\_\_

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

If email is listed, this is how we will correspond with you. Regular mail will not be used.

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**In the event of an EMERGENCY, please contact:**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relation \_\_\_\_\_

Regular Physician \_\_\_\_\_ Phone(s) \_\_\_\_\_ Location \_\_\_\_\_

The health of the person described above is excellent and has my permission to engage in all prescribed Camp activities, except as noted by an examining physician or me.

Health Notes: \_\_\_\_\_

In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Camp Director or Trainer to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child named above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

Please list any medicine the wrestler may be allergic to, or any camp activity (listed on the general information and rules sheet) he/she should not participate in:

\_\_\_\_\_

**Physical Exam** For the health safety of the participant, it is strongly recommended that wrestlers have a physical examination within the year prior to attending Camp.

**MEDICAL INSURANCE (STRONGLY RECOMMENDED FOR ALL WRESTLERS)**

An excess medical insurance plan is included for all wrestlers attending Camp. The coverage includes:

- \$25,000.00 Maximum Dental Accident Coverage
- \$25,000.00 Maximum Medical Accident Coverage
- \$12,500.00 Accidental Death or Dismemberment Benefit
- \$100.00 Deductible per Claim

**THE CAMP ASSUMES NO FINANCIAL RESPONSIBILITY FOR MEDICAL OR DENTAL EXPENSES IN ANY WAY RELATED TO THE HITCHCOCK/AZEVEDO WRESTLING CAMP.**

**Hospitals and doctors DO require insurance or payment in case of treatment.**

**Please list YOUR insurance company and policy number below:**

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INSURANCE COMPANY	POLICY NUMBER
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**PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD**

**LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT**

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**Wrestling Camper Name**

I understand that my child named above will be participating in vigorous athletic activities, which present potential risks of serious injury. On behalf of my minor child and all those related to my minor child, I hereby agree that we shall assume the risk of any injuries that may result from my child's participation the Hitchcock/Azevedo Wrestling Camp and program. In consideration of being allowed to participate in any way in the Hitchcock/Azevedo Wrestling Camp, the undersigned: Agrees that prior to participating he/she will inspect the facilities and equipment to be used, and if he/she believes anything to be unsafe, he/she will immediately advise coach or supervisor of such condition(s) and refuse to participate. Acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence or others, the rules of play, or the condition of the premises or of any equipment used. Further that there may be other risks not known to or is not reasonably foreseen at this time. Assume the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Release, waive, discharge and covenant not to sue the Hitchcock/Azevedo Wrestling Camp and RAZ Enterprises, its affiliated clubs, respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lessors of premises used to conduct the event, all of which are hereinafter referred to as "release" including Squaw Valley Development Company, Squaw Valley Preserve, California Group Associates, Inc., agents and affiliated companies, from 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 release or otherwise. I have read the above waiver and release, and understand that I have signed it voluntarily.

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Signature of Parent or Legal Guardian (if participant is under 18)	Date
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**PLEASE BRING THIS COMPLETED FORM TO CAMP OR MAIL TO:**

**Prior to July 7, 2011**  
Hitchcock/Azevedo Wrestling Camp  
7313 Charreado Ct,  
Las Vegas, NV 89179  
Phone (877)809-3232

**After July 7, 2011**  
Hitchcock/Azevedo Wrestling Camp  
PO Box 3125  
Olympic Valley, CA 92618  
Phone (530) 581-2785  
Fax (530) 581-2543