

TEAM ALASKA Future of Champions Camp

CAMP DATES @ Bartlett High School (1101 N Muldoon Road) **Intensive: July 5th-16th ♦ Technique: July 13th-16th**

The Intensive Camp will start on 5 July 2009 at Noon on Bartlett High School's track. It is recommended that if you will be staying with a Host Family that you show up the Day prior to get with Coach Ritchie and get set up. The Host housing will have been pre-arranged and you will know ahead of time who you will stay with. The last day of camp is the 16th of July after the 2nd session.

Cost

The Cost of the Intensive Camp will be \$350.00 for commuters and \$500 for persons staying at Host Families. This will cover the living area, meals and technicians. The cost of the technique camp will be \$200.00. Cost of Nationals is separate from the camp and will be processed differently. There is a sponsorship letter so that you can raise money to off set the Cost.

Staff

Cadet/Junior Age Group Director: Jack Osborn
Head Coach/ : Mark Lane
Asst. Coach: Eli Hutchison
Asst. Coach: Hollan Gravely
Asst. Coach: Cayle Byers

Asst. Coach: Kaylen Baxter
Asst. Coach: Travis Harrison

Other Coaches and staff members:

Tom Ritchie/Team Alaska Camp Director
Mike Hutchison /Chairman
Ed Gravely /Vice Chairman
Other personnel such as admin to help the camp will be introduced as needed

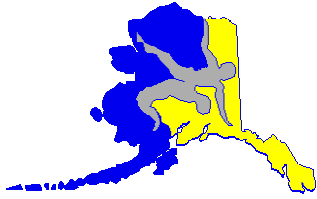
Facilities

Bartlett High School Main Gymnasium
Bartlett Track
Bartlett Weight Room

Point of Contact

Mark Lane/ Home 356-1423/cell 590-4847/e-mail marklane@nwarctic.org
Jack Osborn/Cell 347-5156/ e-mail sunshineraemotors@gci.net
Tom Ritchie/Cell 748-2245/e-mail ritchie_tom@asdk12.org
Ed Gravely /Home746-5863 / ed@mvmfconline.org
Mike Hutchison/ 262-4260/ Hutchisonwrestling@hotmail.com

Please E-mail Tom Ritchie ritchie_tom@asdk12.org for questions or other information on tickets.



Packet Cover Sheet

Wrestlers Name _____

Age _____ Gender _____ Weight Now _____

Parent Names _____

Home Phone _____

Work Phone _____

Cell Phone _____

Remarks _____

Intensive Camp Schedule

July 5th Noon-5pm

July 6th- 16th 8am-5pm

Technique Camp Schedule

July 13th-16th 9am-5pm

(1 hr. after intensive camp starts)

T-shirt Size: (Check one)

Small Medium Large X-Large

Packet Check List:

___ Medical Treatment

___ Risk Waiver

___ Camp Fee (Check one): Intensive Camp: \$350 Commuter Intensive Camp: \$500
(staying with Host Family) Technique Camp: \$200

Please Make Checks out to: Alaska USA Wrestling

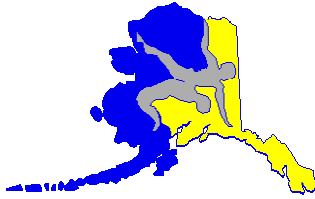
Send completed application to:

Tom Ritchie

Team Alaska Director

10321 Red Cedar Circle

Anchorage, AK. 99507



Assumption of Risk, Waiver, and Release of Liability

Wrestler: _____ USA Card # _____

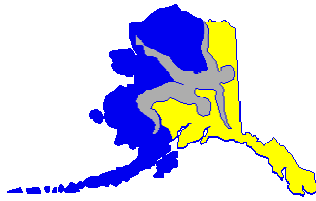
IN CONSIDERATION FOR the opportunity to participate in the EVENT described below, PARTICIPANTS acknowledge, agrees and affirms the following.

1. The following words used in this document will have the meaning indicated:
 - A. "EVENT" shall mean the **USAW Cadet and Junior Nationals/ "Future of Champions Camp" National Prep Camp**
 - B. "AUSAW" shall mean Alaska USA Wrestling, and its directors, officers, members, official, committees, affiliates, agents and the successors and assigns
 - C. "EVENT ORGANIZER" shall mean a club, local organizing committee or any other person or entity responsible for hosting, conducting, and /or sponsoring the EVENT, including my director, officer, member, official, committee, or agent thereof and their successors and assigns.
 - D. "PARTICIPANT" shall mean the undersigned individual who competes or is involved in the EVENT and his/her parents, legal guardians, heirs, personal representatives and their successors and assigns.
 - E. "PERSONAL INJURY" shall mean and include any bodily injury" permanent, temporary, total or partial disability" paralysis; dismemberment ; or death.
 - F. "PROPERTY DAMAGE" shall mean and include damage or destruction to PARTICIPANTS gear equipment and all other personal property or belongings.
 - G. "MEDICAL TREATMENT " shall mean and include all emergency medical treatment, medical procedures, hospitalization or other care rendered to PARTICIPANT in connection with or resulting from his/her participation in EVENT.
 - H. "LOSS" shall mean and include any and all liabilities, losses, damages and claims (including reasonable costs and attorneys' fees). Which are suffered or result directly or indirectly from PERSONAL INJURY , PROPERTY DAMAGE and/or MEDICAL TREATMENT to PARTICIPANT, or others, and which are incurred during or in the course of PARTICIPANT'S preparation for, participation and involvement in, and travel to or from the EVENT or the conduct and management of the EVENT.
2. By issuing a sanction for the EVENT, AUSAW is not responsible or liable for the management or conduct of the EVENT, unless AUSAW has otherwise expressly agreed in writing to serve in such role.
3. PARTICIPANT understands and appreciates the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling in or from the EVENT, and that such activities may involve risks, including PERSONAL INJURY.
4. PARTICIPANT knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.
5. PARTICIPANT releases, waives any claims and promises not to sue the EVENT ORGANIZER and/or AUSAW with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT (including as many result from the negligence of the EVENT ORGANIZER), except any LOSS which is the result of gross negligence and/or willful or wanton misconduct by the EVENT ORGANIZER. PARTICIPANT further agrees to hold harmless and indemnify the EVENT ORGANIZER and/or AUSAW from any claims brought against the EVENT ORGANIZER and/or AUSAW resting from, arising out of or in any way associated with any LOSS.
6. Prior to participating in the EVENT, PARTICIPANT shall have the right to inspect the facilities and equipment to be used and, if PARTICIPANT discovers any condition which he/she reasonable believes to be unsafe, PARTICIPANT will immediately cause EVENT officials to be notified of such condition and will not participate in the EVENT so long as such condition exists.

By signing this document, Participants acknowledges having read and understood its meanings and its Contents.

Signature of the Competitor / Date

Signature of the Parent or Guardian/ Date



Information for Medical Emergency Treatment

Wrestler: _____ USA Card # _____

Date of Birth _____

Parent/ Guardian _____ Relationship _____

Address _____ City _____ State _____

Zip _____ e-mail _____

Home Phone: _____ Work phone: _____

Emergency Contact in the Even we are unable to contact you directly:

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Family Doctor _____ Emergency Phone _____

Insurance Company _____ Policy Number _____

Instruction for Medical Treatment

Please read the following alternatives statement below . Check only one that you desire and endorse and Initial.

_____ If my son/daughter needs medical treatment during this USA Wrestling event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedure that the physician believes is necessary, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

_____ I hereby appoint the Chief Medical Officer of this USA Wrestling event as my agent and representative for the purpose of authorizing and consenting to hospital, medical, and surgical care and treatment, which in his opinion is necessary for the well being of my son/daughter during this USA Wrestling event. I accept responsibility for all costs related to such treatment.

_____ If my son/daughter needs medical attention, it is my wish that I be contacted before any medical procedures are initiated, unless immediate treatment is necessary to save life or to prevent permanent injury. I accept responsibility for all costs related to such treatment. This is to certify that as parent/guardian of this athlete, I do consent to their release as specified per the official tournament entry form and I release USA Wrestling, Alaska USA Wrestling, and the organizers of the USA Wrestling event from any and all/ liabilities incident to their involvement at this event.

Guardian Signature _____ Date _____