

PACIFIC COAST INTERNATIONAL WRESTLING LEAGUE

Only The Strong: Camp Release Form

Name of Participant (full legal name)	
Birth Date	
Gender (male or female)	
Parent/Guardian Name	
Emergency Phone Number	
Please list your highest placing at the following events the last 2 seasons if applicable.	Nationals: Provincials Regionals State Championships: International:
Camp Attending: Please circle one	<p>WOMEN'S CAMP (Females ONLY) Female wrestlers will work together with coaches with the proven track record and success in coaching women wrestlers.</p> <p>ELITE MEN'S This group is designed to gather individuals that truly embody the meaning of an "Elite & High Performance Wrestler". (state champion, Regional, Provincial and National placers only) or must show EXTREME potential in the sport of wrestling.</p> <p>NOVICE Novice/Beginner not based on age but skill. We reserve the right to move kids if skill is too high or too low for the group you choose.</p>

Physician Authorization, Release of Liability and Medical Authorization

These three segments must be filled out and signed by a parent or guardian. Students who are 18 years old or will become 18 years old before or during the camp must also sign. In order for students to participate in camp activities, we must have this signed form returned prior to the camp's start date. These forms can be delivered at Check-In or can be signed, scanned and e-mailed to pacificcoastwl@gmail.com

Physician Authorization to Participate

This certifies that (name) _____ was examined by me on (date) _____ (valid within one year of camp) and I found him/her to be physically able to participate in vigorous physical and competitive athletic activities (School physical form accepted if valid within one year of camp).

Allergies/Drug sensitivities	
Other medical problems/current medications	
Is an Identification Band or Card carried to alert others to the allergies, medical conditions or medication use?	

Physician's Signature _____ Date _____

Address _____ Office Phone _____

Release of Liability to Participate

In consideration of Pacific Coast International Wrestling League Camps of Coast Wrestling:
In granting (name) _____ permission to participate in the camp, I hereby assume all risks of his/her personal injury (including death) that may result from any Coast Wrestling Camp activity. As a Parent/Guardian, I do hereby release the Coast Wrestling Camp, it's officers, employees or agents from all liability, including claims and suits of law or in equity, for loss, damage or injury, fatal, or otherwise which may result from the student taking part in Coast Wrestling Camp activities.

Parent's/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Medical and Surgical Authorization

In addition, I hereby authorize and give my consent to the health authorities of Coast Wrestling or any licensed health professional to treat or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures. This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In the case of psychiatric and/or psychological treatment; parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs related to such treatment. I authorize my insurance company to pay benefits to Coast Wrestling So-

ciety or other hospitals and clinics. Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical expenses or other charges in connection with my child's attendance at this camp.

Parent's/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Insurance Information (please print)

Name of Insured	
Policy Holder	
Insurance Company	
Insurance Company Address	
Policy Number	

Does your insurance carrier require prior approval? Yes _____ No _____

This form must be on file for you to participate in the Pacific Coast International Wrestling League Camps. A copy of a current physical (within one year) may serve as the physician's authorization portion of this form. Please contact the camp office for any questions concerning the information in this document.

(Each camper residing outside of BRITISH COLUMBIA, CANADA and are not a member of BCWA must provide his/her own medical insurance information.)

PACIFIC COAST INTERNATIONAL WRESTLING LEAGUE CAMP
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