**WEST VIRGINIA UNIVERSITY ATHLETICS CAMPS/CLINICS**

**Mail in Registration Form**

Circle one Circle one

Team Camp (July6-9) Dorm $420/Commuter $260

Technique Camp 2 (July 9-12) Dorm $420/Commuter $260

Intensive Camp 1 (July 6-9) Dorm $450

Intensive Camp 2 (July 9-12) Dorm $450

7 Day intensive (July 6-12) Dorm $800

7 Day intensive Dorm Coach/Parent Rate $500 with teams 5 or more $420

7 Day intensive Discount sibling $50 per camper, Groups of 5 or more $50

\*\*\*\* Disount Group/sibling/multicamp. $25 per camper/per camp

\*\*\* Repeat Camper if attended within last 2 years. $25 per camper

\*\*\*Dorm Coach/Parent Rate $300 with teams 10 or more $220

Camp cost:\_\_\_\_\_\_\_\_\_\_\_\_\_ minus discount:\_\_\_\_\_\_\_\_\_\_\_

plus 6% sales Tax: Total:\_\_\_\_\_\_\_\_\_\_\_\_\_

make checks payable to WVU Wrestling

Mail to:

WVU Wrestling

PO Box 877

Morgantown, WV 26507

**WEST VIRGINIA UNIVERSITY ATHLETICS CAMPS/CLINICS**

**Mail in Registration Form**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MUST HAVE EMAIL)

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight\_\_\_\_\_\_\_ T Shirt Size\_\_\_\_\_\_\_\_

Roommate request\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* you will be placed with someone from same camp similar age as best we can.

\* we have limited single rooms, Single room is an extra $60.

If parent or guardian above is not available in an emergency, please call:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read and agreed upon to the statement below:

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Liability Statement: In consideration for permitting (me/my child) to participate in the West Virginia University Wrestling Camp, and with the intention of binding (myself/me and my child) and (my/our respective) heirs, assigns and legal representatives, I hereby RELEASE AND WAIVE any and all rights and claims for damages which (I/I or my child) may have against the Wrestling Camp, the West Virginia University Department of Intercollegiate Athletics, West Virginia University and its Board of Governors, and their respective affiliates, directors, officers, employees, agents and representatives, for any and all property damage and personal injury of whatever kinds suffered by (me/me or my child) in connection with (my/my child's) participation in the Wrestling Camp, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties.