

PERTINENT MEDICAL INFORMATION

PARENT OR GUARDIAN	HOME PHONE	BUSINESS 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 OSU Health Center and/or Stillwater Medical Center 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 OSU Health Center and/or Stillwater Medical Center 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	
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 John Smith OSU 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
------------------------------	------

TECHNIQUE CAMP (AGES 7-19)

- Enclosed is my check for a \$100 deposit **remember that only cash or a money order will be accepted at check-in*
 - Resident — \$100 Deposit (\$300 due at check in)
 - Stillwater, OK
 - Non-Resident (no meals) — \$100 Deposit (\$150 due at check in)

TEAM CAMP (9TH-12TH GRADE)

- Enclosed is my check for a \$100 deposit **remember that only cash or a money order will be accepted at check-in*
 - Resident — \$100 Deposit (\$290 due at check in)
 - Stillwater, OK
 - Non-Resident (no meals) — \$100 Deposit (\$150 due at check in)

INTENSIVE CAMP (AGES 12-19)

- Enclosed is my check for a \$200 deposit **remember that only cash or a money order will be accepted at check-in*
 - Resident — \$200 Deposit (\$900 due at check in)
 - Stillwater, OK
 - Non-Resident (no meals) — \$200 Deposit (\$500 due at check in)

LAST NAME	FIRST NAME	HOME PHONE
ADDRESS	CITY	STATE ZIP
WEIGHT	GRADE, SPRING OF 2018	SCHOOL ATTENDING

NOTE!!!
THE UNIVERSITY DOES NOT CARRY GROUP MEDICAL COVERAGE FOR THIS PROGRAM



PLEASE FILL OUT AND SIGN APPLICATION & MEDICAL FORMS

RETURN MEDICAL & APPLICATION FORMS TO:
John Smith Wrestling Camps
 601 S Washington #109
 Stillwater, OK 74074

YOU MAY PAY BY CREDIT CARD ON OUR WEBSITE AT:
www.osuwrestlingcamps.com

FOR OFFICE USE ONLY



MEDICAL FORM

APPLICATION FORM