

COMPLETE THIS FORM AND RETURN TO:  
**NEO WRESTLING – TEAM CAMP**

Coach Joe Renfro  
200 I Street NE  
Miami, OK 74354

Camper: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Age: \_\_\_\_\_ Year in School 2017: \_\_\_\_\_

School: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Camper: \_\_\_\_\_ \$200 Coach: \_\_\_\_\_ \$75

Shirt Size: SM MD LG XLG XXLG

**PARENT OR GUARDIAN INFORMATION:**

Emergency Contact: \_\_\_\_\_

Contact #: \_\_\_\_\_

MAKE CHECKS PAYABLE TO NEO WRESTLING



**NEO**  
WRESTLING

FOR MORE INFORMATION, PLEASE CONTACT:

**JOE RENFRO**

HEAD WRESTLING COACH

OFFICE: 918.540.6950

JOE.RENFRO@NEO.EDU

**2018 WRESTLING CAMP**

**06/12 • 06/13 • 06/14**

**NEOATHLETICS.COM**



### ELIGIBLE CAMPERS

NEO Team Camp is open to all 7th graders through seniors in high school. Feel free to only send a few wrestlers, as they will be placed on other teams. Coaches attend this camp for \$75 if they are staying in the dorms and eating at the cafeteria and are encouraged to coach their team. If they are unavailable to coach their team, an NEO wrestler will be assigned to that team for the camp.

### TEAM CAMP COST

Individual camper - \$200  
Coaches staying in Residence Hall - \$75 per coach

### CONTACTS

Head Coach: Joe Renfro – (918) 540-6950

### ROOMING ACCOMMODATIONS

Paying Campers and Coaches will be assigned rooms on arrival in the NEO Residence Halls. Campers must bring their own toiletries, sheets, and blankets. If you lose your room key while at NEO, there will be a \$50 replacement key fee.

### INFORMATION

Please send campers with insurance forms and payment to registration. Campers and/or Coaches MUST RSVP by Tuesday, June 5th. RSVP with Coach Renfro at 918.540.6950 or joe.renfro@neo.edu. Payment is not due until registration, but campers or coaches must contact NEO Wrestling Staff with their numbers by June 7th. Make checks payable to NEO WRESTLING

### CAMP SCHEDULE

#### TUESDAY, JUNE 12TH

1:00 – 3:00 Registration  
3:15 – 4:30 First Session (Technique and Team Organizing)  
5:30 – 6:30 Supper  
7:00 – 9:00 Second Session (Dual 1 and Dual 2)  
10:30 Lights Out

#### WEDNESDAY, JUNE 13TH

7:00 – 8:00 Breakfast  
9:00 – 11:00 Third Session (Technique and Dual 3)  
12:00 – 1:00 Lunch  
2:30 – 4:30 Fourth Session (Dual 4 and Dual 5)  
5:30 – 6:30 Supper  
7:00 – 9:00 Fifth Session (Dual 6 and Dual 7)  
10:30 Lights Out

#### THURSDAY, JUNE 14TH

7:00 – 8:00 Breakfast  
9:00 – 11:00 Sixth Session (Camp Tournament)  
11:30 Check Out

### RELEASE OF LIABILITY

In consideration of the NEO wrestling team camp and granting the camper permission to participate, I hereby state that the neo wrestling team camp and the individuals representing the neo wrestling team camp are not responsible for any preexisting injury or recurrence of any undisclosed preexistent injury or illness of the listed camper. I further acknowledge and release the Oklahoma State Board of Regents, Northeastern Oklahoma A&M College, the NEO wrestling team camp and its officers, employees, contractors, agents, all instructors and all participants in said wrestling camp from all liability including claims and suits at law or equity, for injury which may result from the camper taking part in the NEO wrestling team camp.

Parent/Guardian Initials: \_\_\_\_\_

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk or serious injury and that there may be other risks not known to or not reasonably seen at this time. I assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability, or death. I hereby consent to said minor's participation and assume all the risks of his personal injury that may result from the wrestling camp.

Parent/Guardian Initials: \_\_\_\_\_

I release, waive, discharge, and covenant not to bring legal action upon the Oklahoma State Board of Regents, Northeastern Oklahoma A&M College, the NEO wrestling team camp, its officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operation.

\_\_\_\_\_  
Signature of Parent/Guardian

### MEDICAL RELEASE AND INSURANCE VERIFICATION

Camper's name: \_\_\_\_\_

I request and give permission to the NEO A&M training staff and medical staff at Integris Miami Hospital to treat the above named camp participant appropriately, including hospitalization, prescribing medication and performing emergency surgical procedures.

Parent/Guardian Initials: \_\_\_\_\_

I authorize release of any medical information to the NEO A&M training staff and the Integris Miami Hospital that may be pertinent to any diagnosis or treatment of the above named camp participant.

Parent/Guardian Initials: \_\_\_\_\_

I understand that any charges resulting from this medical treatment will be billed to me at my address above or to my medical insurance. I also understand that as parent or legal guardian I am also responsible for any deductibles associated with the primary or the secondary coverage.

Parent/Guardian Initials: \_\_\_\_\_

\_\_\_\_\_  
Medical Insurance Company

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

\_\_\_\_\_  
Signature of Policy Owner (Parent/Guardian)