

CAMPER'S NAME: _____ CAMP: _____

PARENTAL CONSENT FORM

*If there are two parents/guardians, both should read and sign.
Send this completed and signed form back with your balance due payment.*

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper named on the top of this form. I hereby give permission for the Camp staff to seek during the period of Camp appropriate medical attention for the camper, for the medical attention to be given to the camper, and for the camper to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment except for that covered by the Camp's excess medical coverage policy. I understand I am responsible for the Camp's insurance company's deductible if I should use the Camp's insurance provider.

I, the undersigned, understand that wrestling is an active, physical sport and that injuries can and will take place during play. I also understand that there will be more campers than Camp staff at Camp and that my son cannot receive individualized attention and supervision all of the time. I hereby acknowledge that our son is physically fit and mentally capable of participating in wrestling and all camp activities.

I, the undersigned, hereby acknowledge and understand that the Carolina Wrestling Camp, LLC is a privately run sports camp and is not operated by or, through the University of North Carolina at Chapel Hill. The Camp is neither sponsored, controlled, nor supervised by the University of North Carolina but rather is under the sole sponsorship, control and supervision of the Camp Director, C.D. Mock. I waive, release, and forever discharge C.D. Mock, Carolina Wrestling Camp, LLC., and the University of North Carolina and the aforementioned staffs, officers, agents, employees, representatives, successors, and assigned from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in Camp activities or while at Camp.

I, the undersigned, give permission for the Carolina Wrestling Camp, LLC to take photographs of my son while engaged in Camp activities for the sole purpose of advertising and publicity and understand that his identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information on this form and have read, understand, and agree to all statements on this entire form and the Parent Guide Sheet available on the camp website.

_____	_____	_____
Parent/Guardian Signature	Date	Printed Name
_____	_____	_____
Parent/Guardian Signature	Date	Printed Name

EMERGENCY CONTACT INFORMATION

Home Telephone Number	() _____	Contact Name _____
Work Telephone Number	() _____	Contact Name _____
Work Telephone Number	() _____	Contact Name _____
Emergency Phone Number	() _____	Contact Name _____
Cellular Telephone Number	() _____	Contact Name _____
Special Instructions Regarding the Care of your son while at Camp	_____	

Current Health Insurance Information

Company _____
 Address _____
 Policy Holder _____
 Policy # _____
 Group # _____