

Please enroll me in a 2009 Buffalo Wrestling Camp. It is understood that the University at Buffalo wrestling program, the University at Buffalo, the camp directors and instructors, or anyone in association with the school will not assume any responsibility for medical, dental, or any other expenses incurred as a result of accidents that occur at the 2009 Buffalo Wrestling Camps.

Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ Grade (in Sept. 2009): \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Emergency phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 High school: \_\_\_\_\_  
 Coach: \_\_\_\_\_  
 Wrestling experience (tournaments, honors, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 Roommate preference (if applicable): \_\_\_\_\_  
 T-shirt size (circle): S M L XL XXL

# 2009 BUFFALO WRESTLING CAMPS



Please indicate the camp(s) you are registering for:

- \$260 July 5-9 Youth Wrestling Camp: COMMUTER
- \$350 July 5-9 Youth Wrestling Camp: RESIDENT
- \$260 July 5-9 TEAM Wrestling Camp: COMMUTER
- \$350 July 5-9 TEAM Wrestling Camp: RESIDENT
- \$25 Group Discount [when registering with 12 or more members of the same team, or 2 or more from the same family]

Payment choice [check one]

- \$75 Deposit\* [with balance due upon registration at Alumni Arena]
- Full Payment Enclosed

Total Enclosed \$ \_\_\_\_\_

*\*Deposits are non-refundable*

**All campers must provide proof of health insurance prior to their enrollment in camp**

I certify that my child has no injury or illness which could jeopardize his/her well-being by participating in the wrestling activities of the 2009 University at Buffalo wrestling camps.

Parent/guardian signature [required] \_\_\_\_\_ Date [required] \_\_\_\_\_

Register online at [www.ubcamps.com](http://www.ubcamps.com)  
 or mail this completed application and  
 medical form with payment to:

**2009 UB Wrestling Camps**  
 University at Buffalo  
 121 Fargo Building • Buffalo, New York • 14261

**Please make check or money order payable  
 to University at Buffalo**

Please complete this application carefully and fill out all of the information.  
 Your admittance to the camp may be delayed if the information is incomplete.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Health History: Please list ANY allergies, disease, medications, special needs, restrictions and/or limitations. Please include a separate sheet if you need more space.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List date(s) of immunization against the following:

_____ Diphtheria	_____ Poliomyelitis
_____ Haemophilus Influenza Type B	_____ Rubella
_____ Measles	_____ Tetanus
_____ Mumps	_____ Varicella

Family Physician's Name: \_\_\_\_\_

Physician's Phone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Parent/Guardian Health Insurance Company: \_\_\_\_\_

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

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

**Parent/Guardian Authorization:**  
 This health history is correct to the best of my knowledge, and the person herein as described has permission to participate in all camp activities except as listed above. In the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and order injection, anesthesia, or surgery for my child as named above.

My son/daughter has had a physical recently and may participate in all activities at the UB Camp. I give permission for my son/daughter to be treated by a certified athletic trainer or licensed physician. I further agree that the UB Camp staff should be held harmless from and indemnified against any and all liability, cost claims, loss or damage which it or they may incur as a result of an accident or injury to my child.

Parent/Guardian Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

Please note: NCAA rules prohibit representative of UB's athletics interests (a booster) who is not naturally or legally responsible for a prospective student-athlete (grades 9-12) from providing any expenses to attend a camp or clinic. Violations of this could result in loss of NCAA eligibility for the prospective student-athlete. If you have questions regarding this or any other NCAA rule, please contact the UB Office of Compliance at (716) 645-3146.