



2018 Team Camp Application



School/Team Name: _____

Coach(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____

How many wrestlers do you plan on bringing? (*Minimum 8*) _____

**** Please inform us ASAP if the number of wrestlers you are bringing changes by more than 2. ****

– Office Use Only –		
Date Received: _____	Check No: _____	Amount: \$ _____

*****Please list the dates your team is available in order of preference below*****

Week 1 May 27 - May 31 _____ Week 6 July 1 - 5 _____

Week 2 June 3 - 7 _____ Week 7 July 8 - 12 _____

Week 3 June 10 - 14 _____ Week 8 July 15 - 19 _____

Week 4 June 17 - 21 _____ Week 9 July 22 - 26 _____

Week 5 June 24 - 28 _____ Week 10 July 29 - Aug. 2 _____

Make check payable to: Jeff Jordan's State Champ Camp, LLC

Camp Cost: \$385.00 per wrestler. A \$100 deposit per wrestler attending camp is required before Team Confirmation will be mailed out, (non-refundable), balance due upon arrival. (Deposit refunded if not placed in camp.)

****Two Coaches attend for free****

Minimum of 8 wrestlers required to attend camp as a team.
Two coaches attend for free. All meals and accommodations included in price.

Mail Application to:

Jeff Jordan • 1954 Neff Road • Urbana, Ohio 43078

For more information, call Coach Jordan at (937) 788-2161

Office Hours: Mon., Tue., Wed., Thur. 10 a.m. - 4p.m.

Email: jeffjordanscc@ctcn.net

Medical Waiver

Wrestler's Name _____

Week Attending _____

Parent Consent and Waiver of Responsibility

In consideration of Jeff Jordan's State Champ Camp, LLC, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to as following:

Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless Jeff Jordan's State Champ Camp, LLC., its owners, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Jeff Jordan's State Champ Camp, LLC, from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Jeff Jordan's State Champ Camp, LLC. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature Date

Medical Information

Insurance Company _____ Policy/Group # _____ ID# _____

City: _____ State: _____ Zip Code: _____

Medical History: _____

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home) _____

(Cell) _____

****Please include a copy of the front and back your insurance card****