

TEXAS COMMUTER CAMP 2009

CHECK IN AT LANEY STUDENT ACTIVITIES CENTER

Check In between 11:00-12:00PM July 14th

Lunch will be from 11:30 to 1:00 PM

1st Session starts at 2:30PM

All Sessions start at 8:30AM, End at 9:00PM

Last Day for Competition Camp- July 18th will end at 11:30AM

Wrestlers will need to bring two changes of clothes each day. Have a towel and soap (Defense soap will be mandatory to buy \$6.00) to shower before they go eat lunch and dinner. This is mandatory at our camp, before they go eat. They will be served lunch and dinner on the 7th- 10th.

Shorts will not have pockets, no tank tops allowed. Wear running shoes to each session, wrestling shoes do not go outside gym.

Make sure you have no offensive shirts or saying on clothing.

Girls no tube or short tops and no short shorts.

We recommend: Headgear, kneepads and mouthpiece.

We have Kenshield (skin protestant) for sale \$20 per can

We have camp supplies for sale, along with COC Gear.

They will receive a tee shirt on the last day of camp.

**PLEASE MAIL ALL PAPER WORK INTO : CAMP OF CHAMPIONS
P.O. BOX 755 WILDOMAR, CA. 92595**

Camp of Champions Rules & Information

The Camp of Champions Intensive Wrestling School, Wayland Baptist University have set a series of rules and regulations that are mandatory and need to be followed. The rules and regulations are meant for safety and accountability for all participants.

*All individuals will abide by Texas, and Federal Law regulations regarding intoxicants, narcotics and drugs.

*Fireworks, explosives, and highly flammable materials are not allowed in any building, or anywhere on the school grounds.

*Tampering with fire system or firefighting equipment is not allowed.

*Smoking is prohibited by Camp of Champions Intensive Wrestling School.

*Bleach, Hair Color, Candles, Hot plates, Incense, Matches are not allowed.

*No alcoholic beverages or non-prescription drugs or illegal drugs of any type are to be consumed on or brought onto the Campus.

*All participants will attend every session of wrestling and other structured activities. If you get sick you need to let your counselor know right away. Please do not come to camp if you have the flu or flu like symptoms 48 hours before camp, any vomiting or diarrhea symptoms.

*At no time will a participant leave the campus or be left without supervision. **You will be sent home with no refund.**

***There will be no refunds for camp, except the death of a family member.**

I _____ understand the rules and regulations of the Camp of Champions Intensive Wrestling School, Wayland Baptist University. I have carefully read the above rules and regulations, I will abide fully. Any infraction of these rules and regulations will be immediate dismissal without refund.

*I want 1 can of Kenshield Skin protestant for \$20.00 Yes _____ No _____

*Dear Parent; Your balance for camp is _____. Please send balance before camp start date.

WE ONLY EXCEPT CASH/ MONEY ORDERS/CASHIERS CHECK
CREDIT CARD ON PAYPAL: WEBSITE: CAMPOFCHAMPS.NET
NO PERSONAL CHECKS

I understand everything I have read.

Wrestler _____ Date _____

Parent _____ Date _____

RELEASE OF LIABILITY 2009

I/We, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the designated Camp of Champions Intensive Wrestling School facility during dates listed. I/We understand there are obvious known dangers/risks inherent in participation in this program or any other programs of this nature, including but not limited to injuries sustained through a death or loss of personal property, and I/We voluntarily agree to assume such risks.

In consideration of Wayland Baptist University permitting my child's participation in Camp of Champions Intensive Wrestling School, based on my representation that my/our child is in proper physical health and condition (no flu or flu like symptoms) to participate, I agree:

1. To assume all risk of injury to my child and all risk of damage to or loss of my/our child's property arising from my child's participation in the Camp of Champions Intensive Wrestling Schools, negligence as determined by a court of competent jurisdiction.
2. To release and forever discharge the Camp of Champions Intensive Wrestling School, Wayland Baptist University, staff and any other's employed by the Camp, from any and all claims or liability for any injury, sickness (flu or flu like symptoms) including death, and for property damage or loss which may be suffered by me or my/our child arising out of or any connection with my/our child's participation in the Camp of Champions Intensive Wrestling School.

I/WE HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ALL OF THE CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN THE CAMP OF CHAMPIONS INTENSIVE WRESTLING SCHOOL, WAYLAND BAPTIST UNIVERSITY, ON BEHALF OF MY/OUR CHILD, AND I/WE SIGN IT OF MY/OUR OWN FREE WILL.

PARENT/GUARDIAN _____ **DATE** _____

PRINT FULL NAME OF PARENT/GUARDIAN/ADDRESS AND PHONE NUMBER

CAMP OF CHAMPIONS INFORMATION SHEET

WRESTLER NAME _____

BIRTHDATE _____ **AGE** _____ **GRADE(09-10)** _____

PARENTS/GUARDIANS NAME _____

PARENTS/GUARDIANS: HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMERGENCY PERSON: NAME _____

PHONE (DAY) _____ **(EVENING)** _____

CLOSEST RELATIVE NOT LIVING WITH YOU

NAME _____

PHONE (DAY) _____ **(EVENING)** _____

AMATEUR MINOR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Camp of Champions Intensive Wrestling School athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Camp of Champions Intensive Wrestling School, Wayland Baptist University, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____ Date _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian ____ () _____

2009 SCHEDULE

SUNDAY JUNE 14

11:00-12:30.....CHECK-IN AND WEIGH-IN (LANEY STUDENT ACTIVITIES CENTER)
11:30- 1:00.....LUNCH
2:30.....TECHNIQUE SESSION
4:30.....DINNER
6:30.....TECHNIQUE SESSION
7:30.....(2) DUAL MEETS
9:00PM.....SESSION OVER

MONDAY JUNE 15

8:30.....TECHNIQUE SESSION
9:30.....(2)DUALS MEETS
11:30.....LUNCH
1:15.....TECHNIQUE SESSION
2:30.....(2) DUAL MEETS
4:30.....DINNER
6:30.....(2) DUAL MEETS
9:00.....COACHES CLASSROOM
9:00PM.....SESSION OVER

TUESDAY JUNE 16

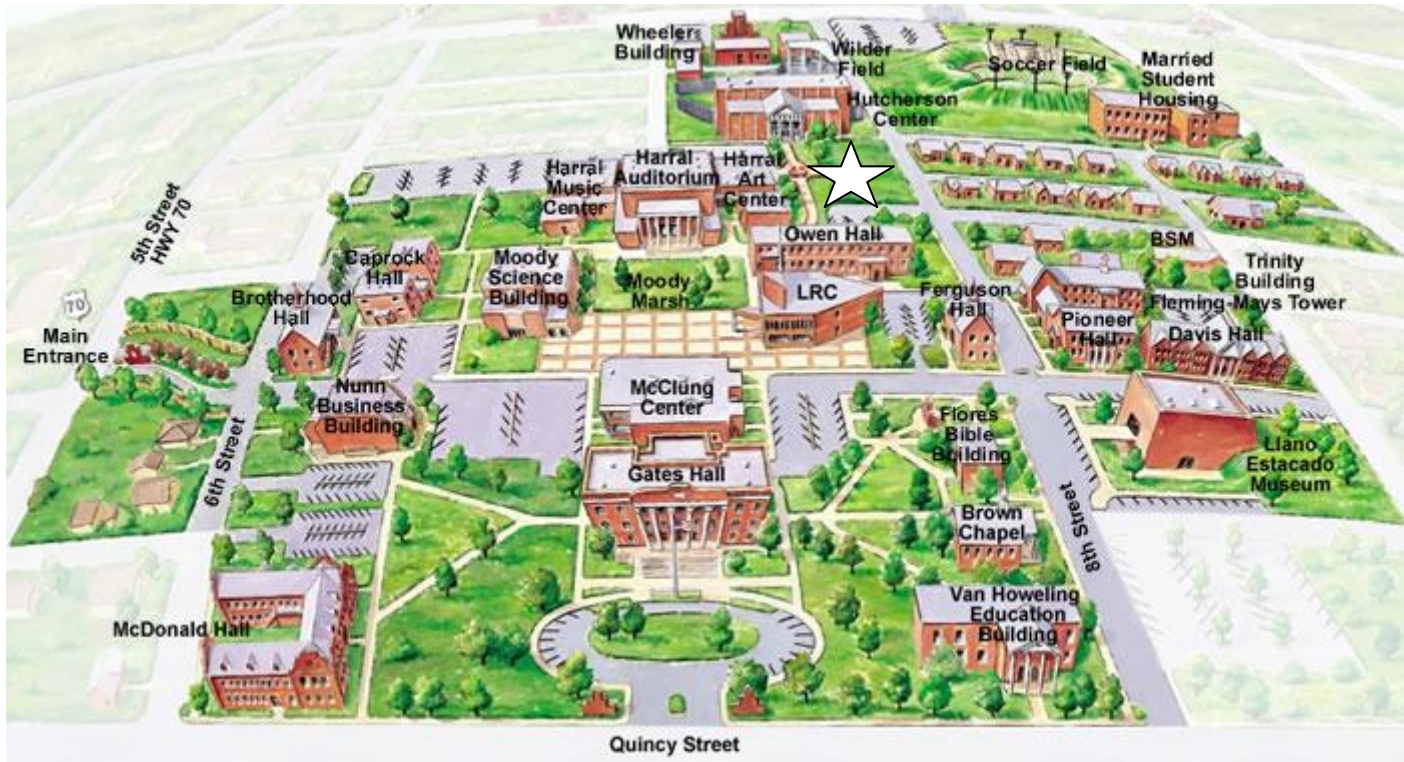
8:30.....TECHNIQUE SESSION
9:30.....(2) DUAL MEETS
11:30.....LUNCH
1:15.....TECHNIQUE SESSION
2:30.....(2) DUALS MEETS
4:30.....DINNER
6:30.....(2) DUAL MEETS
9:00.....COACHES CLASSROOM
9:00PM.....SESSION OVER

WEDNESDAY JUNE 17

8:30.....TECHNIQUE SESSION
9:30.....FINAL DUAL MEETS
11:30.....LUNCH
1:15.....TECHNIQUE SESSION
2:30.....ROUND #1 INDIVIDUAL TOURNAMENT
4:40.....DINNER
6:30.....ROUND #2 INDIVIDUAL TOURNAMENT
9:00PM.....SESSION OVER

THURSDAY JUNE 18

8:30.....FINAL ROUND OF INDIVIDUAL TOURNAMENT
10:00.....INDIVIDUAL AND TEAM AWARDS
11:30.....LAST DAY



THEY HAVE ON THEIR WEB SITE TO SEE WHERE LANEY STUDENT ACTIVITIES CENTER IS IT IS NOT ON THIS MAP (IT IS NOT SET UP TO COPY TO OUR SITE) IT IS IN FRONT OF HUTCHERSON CENTER

*****WHERE I PUT THE STAR IS WHERE CHECK IN IS*****