

## **NORTHERN CALIFORNIA COMMUTER CAMP 2009**

**Check In will be at Activity Center- For 11 Day 7 Day 10 Day Hwt. 6 Day Hwt.**

**Check In between 11:30-12:30PM July 11th.....11 and 7 Day Intensive Camps**

**Check In between 11:00-12:00PM July 12th.....10 and 6 Day Hwt/Big Man**

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

**1st Session starts at 2:30PM**

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

**Last Day for 11 Day Intensive and 10 Day Hwt.- July 21st will end at Noon**

**Last Day for 7 Day Intensive and 6 Day Hwt.- July 17th will end at Noon**

**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.**

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

**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 NOTE THAT DEFENSE SOAP IS MANDATORY AT ALL OUR CAMPS IT WILL BE SOLD FOR \$6.00 PER BAR.**

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

**Camp of Champions Rules & Information**  
**P.O. Box 755\*Wildomar\*California\*92595\*(866)854-2560**

The Camp of Champions Intensive Wrestling School, William Jessup 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 California, 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, William Jessup 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\_\_\_\_\_  
\*Defense Soap for \$6.00 (Mandatory)

\*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 William Jessup 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, William Jessup 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, WILLIAM JESSUP 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, William Jessup 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 \_\_\_\_ ( ) \_\_\_\_\_

# WJU CAMPUS MAP

