

## 2011 DRIVEN Camps Registration Form

<p><b>Camp Attending: (1 camp per form)</b></p> <p><input type="checkbox"/> Team Camp, June 26-30, \$345</p> <p><input type="checkbox"/> Father &amp; Son Camp, July 8-10, \$345</p> <p><input type="checkbox"/> Youth Dev Camp, July 10-14, \$395</p> <p><input type="checkbox"/> Girl's Camp, July 15-17, \$245</p> <p><input type="checkbox"/> Big Man Camp, July 15-17, 245</p> <p><input type="checkbox"/> Overdrive, July 31-Aug 11, \$795</p> <p><input type="checkbox"/> Driven, July 31-Aug 4, \$445</p> <p><input type="checkbox"/> Driven, August 7-11, \$445</p>	<p>Wrestler's Name _____</p> <p>Cell Phone _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Grade _____ Weight _____</p> <p>High School _____</p> <p>T-Shirt Size (circle one): YS YM YL S M L XL XXL</p>
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<p><b>Emergency Contact Information</b></p> <p>Parent/Guardian Name: _____</p> <p>_____</p> <p>Daytime Phone: _____</p> <p>Evening Phone: _____</p> <p>Cell Phone: _____</p>	<p><b>Health Insurance Information</b></p> <p>Company Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Policy Holder's Name _____</p> <p>Policy Number _____</p>
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**Participant Health Information**

List Physical Limitations (allergies, hearing, vision, etc) \_\_\_\_\_

\_\_\_\_\_

Current Medical Treatments? YES NO

If Yes, describe \_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last Tetanus Booster (Must be within 10 yrs) \_\_\_\_\_

As the parent/guardian of the minor individual named below, I hereby give full consent and approval for this individual to participate in the Driven Camps Team Wrestling Camp on the dates listed above. I understand that there are certain risks of injury inherent in participation in this sport as well as in traveling and other related activities incidental in participation in this camp. I am willing to assume these risks on the behalf of this individual. As the parent/guardian of this individual, I understand that in an emergency situation an attempt will be made to notify me via telephone. However, in the event that I cannot be reached I grant permission for staff of Driven Camps Wrestling Camp to act on my behalf in regards to granting permission for evaluation/treatment minor medical problems. In a major medical emergency, I grant permission for medical treatment as deemed necessary by a licensed medical professional. I understand that any medical expenses that may be incurred are my responsibility as the parent/guardian. I hereby certify that this individual is fully capable of participating in this camp and that this individual is healthy and has no physical or mental disabilities (except as listed above) that would restrict full participation in this camp. In addition to my giving full consent for this individual's participation, I do hereby waive, release, and hold harmless the Driven Camps Wrestling Camp, owners, and staff for any injury suffered by this minor individual in the normal course of participation in the camp and activities incidental thereto, whether the result of negligence or any other cause. I also grant permission for the use of photographs of this minor individual for camp publicity, advertising, or other commercial purposes. I hereby certify that I have read, agree to, and fully understand this authorization.

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:** Total = \_\_\_\_\_  Cash  Check  Visa  MasterCard

Credit Card Number \_\_\_\_\_ CCV # \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration \_\_\_\_\_

*\$150 non-refundable deposit will be charged upon receipt of registration, remaining fees will be charged 2 weeks prior to camp.*

**Make Checks payable to "CES".** Mail registrations to: CES, PO Box 246, Kimball, MN 55353. Questions? Call 320-398-6950.