



## UNK TECHNIQUE CAMP 2008 NATIONAL CHAMPIONS



WHERE: FAIRBURY HIGH SCHOOL  
1501 9<sup>TH</sup> STREET  
FAIRBURY, NE 68352

WHEN: JUNE 15 – 16

TIME: 8:00 AM – 12:00 PM

COST: \$55 DOLLARS IF RECEIVED BY June 1<sup>ST</sup>  
\$60 DOLLARS THERE AFTER

Coach Marc Bauer and staff will be teaching takedown techniques as well as working on techniques from the top and bottom positions that has helped them become one of the most dominate teams in Division II. This is a can't miss camp. There will be a technician for each weight division, lightweight, middleweight and heavyweight wrestlers. The cost also includes a camp T shirt.

Questions: Call P.J. Smith at (402) 729 – 6116 during the day or at (402) 729 – 5954 in the evening. Or you can email me at [psmith@fairburyjeffs.org](mailto:psmith@fairburyjeffs.org)

To enroll, a parent or guardian should complete the **registration form** and send it along with **full payment** to:

PJ Smith  
Fairbury High School  
1501 9<sup>th</sup> Street  
Fairbury, NE 68352

**PLEASE SEND THIS PORTION OF THE  
CAMP FORM WITH THE FEE**

Camper's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Cell phone number: \_\_\_\_\_  
Phone: day \_\_\_\_\_  
          night \_\_\_\_\_  
Email address: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
T-Shirt Size: \_\_\_\_\_

**Confirmation:**

Please make the check or money order payable to **Jeff Wrestling**. Your cancelled check or a receipt from your money order is your confirmation. Refunds are decided at the discretion of camp coordinator.

**Medical Treatment Authorization:** I hereby authorize the clinical staff of the local emergency medical responders to provide care and medical treatment as necessary to my son/daughter \_\_\_\_\_.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for clinicians and staff at **Fairbury High School** to arrange necessary emergency treatments.

Each participant must have had a physical checkup by a certified physician within the past year. My son/daughter has had a physical within the last year and has been declared healthy and able to participate in clinic activities.

**Signature of Parent/Guardian:**

\_\_\_\_\_

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Pediatrician or Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_

**RELEASE:**

I, the undersigned, individually and as a parent(s) and or guardian(s) of \_\_\_\_\_, a minor, ask that he/she be admitted to participate in this sports camp sponsored by the UNK Wrestling Team and Fairbury High School. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the UNK Wrestling Team Clinicians, Fairbury Wrestling and Fairbury High School, their officers, agents, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance and participation at this sports camp or in the course of competition and/or activities held in connection with the sport camp.

**Signature of Parent/Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance company: \_\_\_\_\_

Insurance address: \_\_\_\_\_

Insurance phone: \_\_\_\_\_

Policyholder's name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_