

Parental Consent/Waiver of Responsibility

Authorization to Consent to Treatment of a Minor: I/we, the undersigned parent(s)/guardian(s) of the aforementioned child, do hereby give permission for the staff of Hughes World Class Wrestling Camps (HWWC) to seek emergency care for my/our child at the local medical facilities if I/we cannot be reached in the event of illness or injury. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and I/we will pay for such emergency medical treatment. It is my/our understanding that if at all possible, we will be contacted in the event of illness or injury. This authorization is given in advance of any specific diagnosis or treatment. It is my/our understanding that if at all possible, we will be contacted in the event of illness or injury. This authorization shall remain effective until the end of the program, unless sooner revoked. Release of Liability: I/we, the parent (s)/guardian(s) of the aforementioned child, do hereby give permission for my/our child to participate in the Hughes World Class Wrestling Camps, hereafter HWWC, during the dates listed. I/we understand there are obvious known dangers/risks inherent in participation in this program, including but not limited to injuries sustained through a fall or loss of personal property, and I/we voluntarily agree to assume such risks. In consideration of the HWWC, based on my/our reputation that my/our child is in proper physical health and condition to participate, I/we agree: 1.) To assume all risk of injury to my/our child and risk of damage or loss of my/our child's property arising from said child's participation in the HWWC; except for HWWC negligence as determined by a competent jurisdiction; 2.) To release and forever discharge, the HWWC officers, agents, employees, and students, from any and all claims or liability including for death, and for property damage or loss which may be suffered by me or my/our child arising out of or in any connection with my child's participation in the HWWC; and 3.) For my/our child, myself, our heirs, executors, administrators, and assigns to indemnify and hold harmless the HWWC and its officers, agents, employees, and students from any and all liability, claims, demands, actions, loss, and damage arising out of my/our child's participation in the HWWC. I/we are aware that this is a release of liability and a contract between the HWWC and myself/ourselves, on behalf of my/our child, and I/we sign it of my/our own free will.

Parent/Legal Guardian (Signature)

Date

Parent/Legal Guardian (printed)

Make checks payable to: Hughes W/C Wrestling Camps

**Mail form and check to: Lehigh Wrestling Camp
Attn: Steve Dutton, Sr.
482 North Country Rd
Miller Place, NY 11764**

LEHIGH WRESTLING CAMP

August 1-5, 2011



**At
Rocky Point Middle School
76 Rocky Point Yaphank Rd.
Rocky Point, NY 11778**

**Lehigh Wrestling Camps
ATTN: Steve Dutton, Sr.
482 North Country Rd.
Miller Place, NY 11764**

CAMP DIRECTORS



Pat Santoro
 Head Coach Lehigh
 '09 EIWA COY
 '08 ACC COY
 '03 Nat'l Asst. COY
 2X National Champion
 4X All American
 '96 US Olympic Alternate



John Hughes
 Asst. Coach Lehigh
 National Champion
 3X All American
 4X PA State Champion



Brad Dillon
 Asst. Coach Lehigh
 2X All American
 2X EIWA Champion
 2x PA State Medalist



Jason Kutz
 Asst. Coach Lehigh
 '03 US World Team
 '03 World Military Champ
 4x US Nat'ls Medalist

GUEST CLINICIANS



Stephen Dutton
 141 lbs Lehigh University
 2X NY State Champion
 227-12 HS record
 Engineering



Maxwell Wessel
 197 lbs Lehigh University
 1X CO State Champion
 OW of State Tournament
 Business



Brandon Hatchett
 165 lbs Lehigh University
 3X Florida State Champion
 Jr. National Grecco Champ
 Architecture

CAMP APPLICATION

Wrestler Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ School: _____
 Grade: _____ Age: _____ Weight _____

Parent/GuardianName: _____
 Phone: _____ Cell: _____
 Email: _____

In case of emergency contact:
 Name: _____ Relationship: _____
 Phone: _____ Cell: _____
 Med. Ins. Co.: _____
 Policy#: _____

COST: COMMUTERS ONLY
 \$250 per athlete for all sessions

NOTES: All coaches & counselors may not be available due to training, competitions or classes. Limited to the first 100 wrestlers. Open to all ages. Bring your own lunch. Walk-ins are welcome. Direct any questions to jhughes@lehigh.edu or 610-973-4130

Camp Schedule:

August 1-5:
Monday- Friday

10am - 12pm
 1pm - 3pm