



JORDAN TRAINED

2019 Schoolboy Weekend Camp Application



JORDAN TRAINED

Name: _____

School/Club Team Attended: _____

Current Year in School: _____ Age: _____ Actual Wt: _____

Record and Accomplishments: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-Mail: _____

– Office Use Only –		
Date Received: _____	Check No: _____	Amount: \$ _____

Please mark "Yes" beside the dates you are available to attend camp

Weekend 1 June 7-9 _____

Weekend 2 June 14-16 _____

Weekend 3 June 28- 30 _____

Weekend 4 July 19-21 _____

Weekend 5 July 26-28 _____

I understand that Jeff Jordan and all other personnel associated with the State Champ Camp assume no responsibility for accidents, injuries, or medical or dental expenses incurred by my son at camp.

Parent Signature (or legal guardian)

Make check payable to: Jeff Jordan's State Champ Camp, LLC
Total Camp Cost: \$225.00 Deposit Amount: \$100 (non-refundable), balance due upon arrival. (If not placed at camp, deposit will be refunded. Must give 2 week notice for any cancellations)

Mail Application to:
Jeff Jordan • 1954 Neff Road • Urbana, Ohio 43078
For more information, call Coach Jordan at (937) 788-2161
Office Hours: Mon., Tue., Wed., Thur. 10 a.m. - 4p.m.
Email: jeffjordanscc@ctcn.net

Medical Waiver

Wrestler's Name _____

Week Attending _____

Parent Consent and Waiver of Responsibility

In consideration of Jeff Jordan's State Champ Camp, LLC, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his parent or legal guardian hereby acknowledges, understands and agrees to as following:

Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless Jeff Jordan's State Champ Camp, LLC., its owners, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Jeff Jordan's State Champ Camp, LLC, from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Jeff Jordan's State Champ Camp, LLC. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

Parent or Legal Guardian Signature Date

Medical Information

Insurance Company _____ Policy/Group # _____ ID# _____

City: _____ State: _____ Zip Code: _____

Medical History: _____

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home) _____

(Cell) _____

****Please include a copy of the front and back your insurance card****