

Outdoor Challenge Camps  
2017 Application Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_  
Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Email: \_\_\_\_\_  
School now attending: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_  
Roommate Preference: \_\_\_\_\_ Number of previous years at camp: \_\_\_\_\_  
Outstanding wrestling accomplishments: \_\_\_\_\_  
Adult T-Shirt Size (circle) S M L XL XXL

**St. Cloud State, Eric Akin and Superduck/Crab Ride Training Camps**

(circle one) **Camper - \$435** **Coaches - \$275**  
\_\_\_\_ **National Champs Camp - June (25 - 30)**  
\_\_\_\_ **Superduck/Crab Ride Camp - July (9 - 14)**  
\_\_\_\_ **Eric Akin - July (23 - 28)**

**Team discount: teams bringing eight or more wrestlers receive a \$10/wrestler discount. One coach attends free with 8 wrestlers. Brother discounts \$ 10/wrester.**

**Deposit Amount enclosed: \$ \_\_\_\_\_**

\$200 deposit required. Balance due at check-in.

Make check payable to: **Outdoor Challenge Camps**

**PAYMENT IS DUE IN FULL IF APPLICATION MADE**  
**AFTER JUNE 1, 2017**

**\*All of our Camps are now USA Wrestling sanctioned. Supplemental Insurance is provided through USA Wrestling.**  
**If you already have a USA card please enter the card number here.**

**USA Card Number: \_\_\_\_\_**

**Please provide us with this important information:**

Name of Applicant (last name first): \_\_\_\_\_  
Past Health: \_\_\_\_\_  
Past Injuries: \_\_\_\_\_  
Present Health (On medication?): \_\_\_\_\_  
Drug Sensitivities: \_\_\_\_\_  
Other Allergies: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Other Health and Accident Coverage (Medicare, welfare, etc.): \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I verify that my child has been checked by a licensed physician and is physically able to participate in the Wrestling Camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize the disclosure of medical information to my insurance company for the purpose of claim. I understand that if this application is accepted, there is no refund of the deposit if we (parent or child) should cancel the application later.

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone Number (home): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Mail or Fax to:*  
**Outdoor Challenge Camps**  
**PO Box 414**  
**Valentine, NE 69201**  
Camp Director, Steve Hansen  
Phone: 402-376-2679 (Home) 402-322-0640 (Cell)  
Email: [aknebcon@shwisp.net](mailto:aknebcon@shwisp.net)

## Outdoor Challenge Camps

## RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in **Outdoor Challenge Camp I**, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE **Outdoor Challenge Camps**, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR

OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN:

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Outdoor Challenge Camp

## PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

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

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate another person to call if an accident occurs and we are unable to reach you:  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

Is your child presently on medication? \_\_\_\_\_ If yes, please list medication (s): \_\_\_\_\_

Drug Sensitivities \_\_\_\_\_

Other Allergies \_\_\_\_\_

Date of your child's last complete physical examination by a medical doctor \_\_\_\_\_

*\*If this is more than one year ago, please complete the accompanying medical history questionnaire.*

Please read the alternative statements below and sign under the one that you choose. Sign only one!

1. If my child needs medical attention, it is my wish that I am contacted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Wrestler's USA Wrestling Card No. \_\_\_\_\_

# Outdoor Challenge Camps

## MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

IF YOU HAVE NOT HAD A PHYSICAL IN THE LAST YEAR PLEASE FILL OUT THIS FORM. IT IS ALSO OPTIONAL IF THE PARTICIPANT HAS HAD A RECENT CONDITION OR IF THERE IS FURTHER INFORMATION THAT YOU WOULD LIKE US TO HAVE ON FILE. ALL MEDICAL INFORMATION IS HELD STRICTLY CONFIDENTIAL AND IS ONLY USED IF TREATMENT IS REQUIRED.

Wrestler's Name: \_\_\_\_\_ USA Card No.: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s) \_\_\_\_\_

Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed  
\_\_\_\_\_

Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?

Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use.  
\_\_\_\_\_

Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?

Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly  
\_\_\_\_\_

Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones. Heart disease (rheumatic fever) Liver disease (hepatitis) Kidney disease (infections) Lung disease(pneumonia)

Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly \_\_\_\_\_

Yes No 9. Do you presently have an unrepaired hernia?

Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each \_\_\_\_\_

Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each \_\_\_\_\_

Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones), or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. \_\_\_\_\_

Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:  
Permanent bridge Permanent crown or jacket, Braces Full plate Removable partial plate  
Permanent retainer Removable retainer

Yes No 14. Do you wear contact lenses during competition?

Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date it happened \_\_\_\_\_

Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury. \_\_\_\_\_

Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.  
\_\_\_\_\_

Yes No 18. Have you ever had an injury to your back?

Yes No 19. Do you experience Pain in your back? If yes, indicate frequency: Seldom Occasionally Frequently With vigorous exercise With heavy lifting

Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?

Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?

Yes No 22. Have you ever been advised to have surgery to correct a knee problem?

Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date \_\_\_\_\_

Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?

Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

*The questions on this form have been answered completely and truthfully to the best of my knowledge.*

Wrestler's Signature \_\_\_\_\_ Date \_\_\_\_\_

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