Jeff Ragan Wrestling Camp

Live Oak High School

July 26-27, 2013

Jeff Ragan

NCAA All-American

Big XII Champion

Espoir FS National Champion

Junior World Team Member

Academic All-American

Oklahoma State Male Student Athlete-of-the-Year

Associate Head Wrestling Coach of the Citadel

July 26th and 27th

-Registration will be 9:00 A.M.-10:00 A.M.

-Session 1: 10:00 A.M.-12:00 A.M.

-Lunch: 12:00 A.M. – 1:00 P.M. (On your own)

-Session 2: 1:00 P.M.- 3:30 P.M.

Application & Registration

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delay will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for the diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Insurance Co. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscriber Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize said child's full participation in the Jeff Ragan Wrestling Camp, including related camp activities. It is my understanding that participation in the activities that make up the Jeff Ragan Wrestling Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the

Jeff Ragan Wrestling Camp, I covenant not to sue the camp program, Live Oak Wrestling Club, Live Oak High School or Livingston Parish School District, their coaches, officers, servants, agents, or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JEFF RAGAN WRESTLING CAMP

Name (participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Father's work phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Mother's work phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other contact for emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A $50.00 non-refundable deposit must accompany each application by July 10th, 2013. Preregistration by this date will only cost $80

You can Register at the Door for $90

Make checks payable to Live Oak Wrestling Club

Please send application and $80 (or $50) deposit to:

Live Oak High School

Att: Head Wrestling Coach

Chris Collier

P.O Box 590  
Watson, LA 70786

If you have any questions Call Chris Collier 225-931-4214 or email christopher.collier@lpsb.org