

Jeff Ragan Wrestling Camp
Live Oak High School
July 26-27, 2013

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