

# 2024 NEBRASKA WRESTLING TEAM CAMP APPLICATION

EVERY INDIVIDUAL ATTENDING CAMP - CAMPER OR COACH - NEEDS TO COMPLETE AN APPLICATION

## TEAM CAMPS

<b>TEAM CAMP I - June 17-21</b> Postmark Deadline: May 24 <u>CHECK ONE:</u> Camper <input type="checkbox"/> Coach <input type="checkbox"/> Resident in dorms <input type="checkbox"/> Commute to camp <input type="checkbox"/>	<b>TEAM CAMP II &amp; GIRLS CAMP - June 24-28</b> Postmark Deadline: May 24 <u>CHECK ONE:</u> Camper <input type="checkbox"/> Coach <input type="checkbox"/> Resident in dorms <input type="checkbox"/> Commute to camp <input type="checkbox"/>		
RESIDENT PRICE 1-14 campers - \$395/each 15+ campers - \$385/each	COMMUTER PRICE 1-14 campers - \$295/each 15+ campers - \$285/each	RESIDENT PRICE 1-14 campers - \$395/each 15+ campers - \$385/each	COMMUTER PRICE 1-14 campers - \$295/each 15+ campers - \$285/each

### CAMPERS ONLY: Must fill out if attending camp

Name of Camper \_\_\_\_\_ Parent or Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent's Cell Phone \_\_\_\_\_ Team attending camp with \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Accident & Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
Insurance Company Address \_\_\_\_\_ Policy Owner \_\_\_\_\_

### COACHES ONLY: Must fill out if attending camp

Name of Coach \_\_\_\_\_  Head Coach  Assistant Coach School/Team \_\_\_\_\_  
Address \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Team Coaching \_\_\_\_\_

### TO: NEBRASKA WRESTLING CAMP

#### Youth Activity Safety Policy:

A Youth Activity Safety Policy has been implemented to provide a safe environment for youths participating in activities, camps or clinics. Our policy includes safe interaction guidelines including sex offender registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience.

1. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside.
2. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check.
3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.
4. All activities will comply with UNL's Youth Activities Safety Guidelines.
5. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media.

#### Disciplinary Action:

The activity directors of the Nebraska Wrestling Camps reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth's dismissal. NO REFUNDS FOR DISCIPLINARY REMOVAL.

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

### CAMPER MEDICAL INFORMATION

Medications currently taking: \_\_\_\_\_

Allergic reactions/food allergies: \_\_\_\_\_

Any past illnesses or other information that would be useful in the event medical treatment is necessary: \_\_\_\_\_

MUST INCLUDE a copy of the camper's physical form from the 2023-24 school year OR have doctor signature and verification of the following:

I hereby certify that (camper's name) \_\_\_\_\_ is physically fit to participate in an active wrestling program and

that I know of no physical impairments that would in any manner limit the camper's participation in such a program.

Doctor's Signature \_\_\_\_\_

### PLEASE MAKE CHECKS PAYABLE TO:

NEBRASKA WRESTLING CAMPS  
Full payment must accompany application

QUESTIONS? [nebraskawrestlingcamps1@gmail.com](mailto:nebraskawrestlingcamps1@gmail.com)

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

MAIL COMPLETED APPLICATION TO:

Nebraska Wrestling Camps  
110 Hendricks Sports Complex  
Lincoln, NE 68588-0652

#### CAMPER CHECKLIST:

- \_\_\_\_ Completed Application  
\_\_\_\_ FULL Payment  
\_\_\_\_ Physical Form or Dr. Signature

#### OFFICE USE ONLY:

Date Received \_\_\_\_\_  
Amount Received \_\_\_\_\_  
Amount Owes \_\_\_\_\_  
Physical/Doctor \_\_\_\_\_

A COPY OF THIS APPLICATION IS AS VALID AS THE ORIGINAL

**Exhibit F.1**

**WAIVER AND RELEASE OF LIABILITY**

**DISCLAIMER: The UNIVERSITY OF NEBRASKA and NEBRASKA WRESTLING CAMPS are NOT RESPONSIBLE** for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Camp Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER and RELEASE OF LIABILITY** was executed this \_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_, by \_\_\_\_\_, (**Releasor**) in favor of the **UNIVERSITY OF NEBRASKA and NEBRASKA WRESTLING CAMPS and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (University and Camp).**

The **Releasor** serves as a parent/guardian whose child (camper) wishes to participate in **Camp Activities**. In consideration for the privilege of participation in the program, the **Releasor** consents and agrees to the following:

1. **Releasor** certifies that camper is physically capable of participating in Camp Activities and that he/she will take responsibility for physical fitness and capability to perform under normal conditions in these Activities. **Releasor** is encouraged to get camper physician's opinion prior to participating in these Activities. In the event of a medical emergency, the University of Nebraska or NEBRASKA WRESTLING CAMPS, or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expenses involved.
2. **Releasor** realizes that camper participation in these Activities involves certain risks and danger and may be a vigorous activity involving severe respiratory and cardiovascular stress. **Releasor** has hereby been made aware that participation in these Activities has the following non-exclusive list of certain risks which I accept: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.
3. Consequently, while understanding that the **University and Camp** has taken precautions to provide organization, supervision, and equipment for reasonable safety, **Releasor** assumes joint and personal responsibility for safety while camper is participating in these Activities.. **Releasor** accepts personal responsibility to ensure that any equipment needed to participate in these Activities and used by the **camper** is safe and functioning properly and to refrain from causing loss or damage to the property of the **University and Camp**. **Releasor** realizes that he/she is solely responsible for any personal equipment, supplies, or property camper may choose to use during the duration of the activity.
4. **Releasor** further agrees to indemnify and hold harmless the **University and Camp** for any and all claims or actions as a result of engaging in, using **University and Camp** facilities and equipment, or any activities incidental thereto whatsoever, whenever, or however the same may occur.

5. **Releasor** is aware that if he/she uses a vehicle not operated by the **University and Camp** for transportation to, at, or leaving the activity site, the **University and Camp** is **NOT** responsible for any damage caused by or arising from **Releasor's** use of such vehicle. Furthermore, **Releasor** acknowledges that he/she is solely responsible for any action the camper takes outside the scope of those actions permitted by the **University and Camp** for purposes of the particular activity regardless if occurring before, during, or after the duration of the activity.
  
6. In consideration of participation in these Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **UNIVERSITY and NEBRASKA WRESTLING CAMPS** for any and all present and future claims resulting from ordinary negligence on the part of the **UNIVERSITY and NEBRASKA WRESTLING CAMPS** for property damage, personal injury, or wrongful death arising as a result of camper engaging in, using **University and Camp** facilities and equipment, or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns.**

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree the venue for any legal proceeding shall be in the State of Nebraska.

I understand the rights that I am **waiving** and that I am freely signing this **WAIVER AND RELEASE**. I have read and fully understand that by signing this agreement I am giving up legal rights and remedies, which may be available to me for ordinary negligence of the **University and Camp**. I further agree to follow and abide by the regulations and rules of the **UNIVERSITY and NEBRASKA WRESTLING CAMPS** as they pertain to said Activities and to reimburse and make good to the **UNIVERSITY NEBRASKA WRESTLING CAMPS** any loss, damage, or cost the **UNIVERSITY and NEBRASKA WRESTLING CAMPS** may have to pay as a result of my participation in the program.

\_\_\_\_\_  
**RELEASOR (Signed)**

(Parent/guardian signature is required here)

\_\_\_\_\_  
**RELEASOR (Printed)**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
**RELEASOR (Signed)**

(If Camper is age 18 or older, camper signature is required here in addition to parent/guardian signature above)

\_\_\_\_\_  
**RELEASOR (Printed)**

\_\_\_\_\_  
 Date