SPARTAN WRESTLING

2018 Spartan Fall Training Camp

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ D.O.B. _____

WEIGHT _____ SCHOOL _____

PARENTS NAMES _____

EMAIL ADDRESS _____

Scheduled Training:

6:00-7:30 PM
7th grade through 12th grade
$100 for all practices (8 practices) or $15 per practice
*Make checks payable to: Michigan Wrestling Club

Location: IM Sport West Building (Michigan State Wrestling Room)
393 Chestnut Road
East Lansing, MI 48824
*Parking is available in the pay lot directly on the North side of the building

Dates: Monday, September 10, 17, 24
Monday, October 1, 8, 15, 22, 29

All practices will be conducted by Michigan State Wrestling Staff.
*Chris Williams, Roger Chandler, Wynn Michalak, Anthony Jones, Javier Gasca

Focus will be on Folkstyle training preparing for Grappler Fall Classic, Super 32, Freak Show, Pre-Season Nationals, and the beginning of the high school season.

Please contact Chris Williams at WILLI756@ath.msu.edu if you have any questions.

Medical Treatment Authorization Form

_____ _____/_____/_____
Participant's Name Date of Birth

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

   _____

   _____

   _____

2. List any medications currently taking:

   _____

   _____

   _____

3. List any Allegeries:

   _____

   _____

   _____

In case of emergency, please contact:

_____
Name & Relationship Telephone #

_____, as parent or legal guardian of the participant named above, authorizes Spartan Fall Training Camp Staff to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

_____ _____/_____/_____
Signature of Parent/Guardian Date