

# Student Permission Waiver

Note: Must be filled out for camper to attend camp

### Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

### Release of Liability

By signing this Student Permission Waiver, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the student participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my student during such activities.

### First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the student named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for Camp Trainer and Camp professional medical staff to give over-the-counter medications as needed, as well as, attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for my student to be transported in an authorized FCA vehicle for FCA activity locations.

### Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising material to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry, or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 10 years of age. I have read the above Student Permission Waiver and am fully familiar with the contents thereof. I give permission for the student named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the student in these activities, I hereby consent to the Student Permission Waiver, including the **Release of Liability** above, on behalf of the student and agree that this Student Permission Waiver shall be binding upon me, my family, heirs, legal representatives, successor's, and assigns.

Signature of Parent/legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Parent/Legal Guardian \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

### Health Insurance Information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Parent/Guardian Contact Information:

First/last name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian Contact Information:

First/last name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact/Authorized for early pick up of camper:

First/last name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_

Relationship to camper: \_\_\_\_\_

### Medical Information:

1) List and explain any known physical defect or illness which might interfere with the student's participation in the strenuous activity.

2) Does the camper have any severe allergies or reactions to drugs or medicines? Explain:

3) List any medications the camper is presently taking or any special diet or exercise restrictions. (List name of drugs, dosage, etc.)

4) Date of last Tetanus shot: \_\_\_\_\_

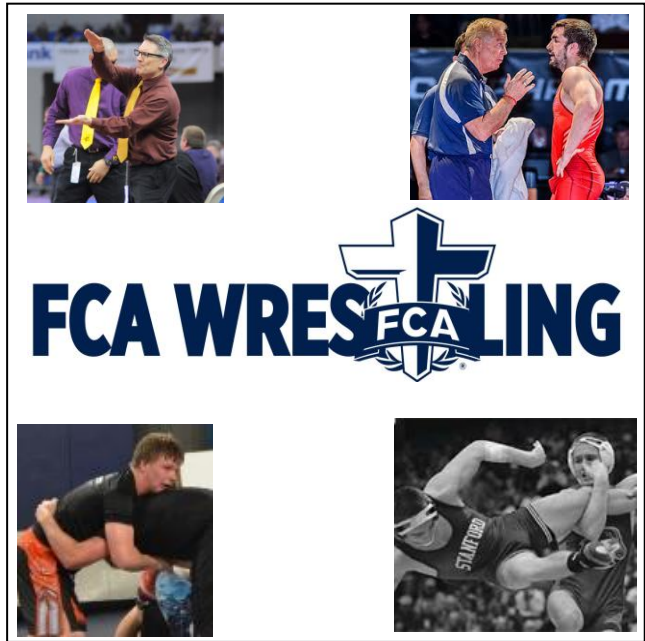
5) Are there any emotional/social disabilities that would be helpful for us to be aware of?

6) Is your camper living with: both parents            one parent  
   Guardian            other

7) Is camper permitted to swim in any swimming pool?

### Other Information

List any other information that leaders should know about the camper:



**Wrestling at the  
NW FCA SPORTS CAMP**  
**June 24-28, 2019**  
 NNU - Nampa, ID  
 Incoming 7<sup>th</sup> -12<sup>th</sup> graders

**TO REGISTER & MORE INFO**  
[www.fcaidaho.org](http://www.fcaidaho.org)

**FCA IDAHO**  
**Wrestling Mini-Camp**  
**May 31 – June 1, 2019**  
 Meridian HS, Meridian ID  
 Friday 6– 9pm    Saturday 9am – 4pm  
 \$60  
 1<sup>st</sup> Graders -12<sup>th</sup> Graders

**WRESTLING COACHES AT THE  
2019 FCA IDAHO CAMPS!**

**Frank Johnson** (NNU Camp) – Current Head Men’s & Women’s Coach at Warner Pacific University; 1990 National Champion at Pacific University; Former Head Coach Pacific University & at Forrest Grove HS in Oregon

**Bruce Burnett** (NNU Camp) – 2016 USA Wrestling Head Olympic Coach, US Naval Academy Head Coach for 13 yrs; US Olympic National Development Coach for 8 yrs; Coached in 4 Olympics! Asst Coach at Oklahoma State 1988-92; Head Coach at Meridian HS from 1975-1988

**David “Doc” Bennett** (NNU Camp) - National Wrestling Hall of Fame, Class of 2015, United States 2008 Olympic Committee Coach of the Year, Former National Developmental Freestyle Coach for USA

**Santos Gallegos** (NNU Camp)– Head Coach in Lynden WA  
**Levi Jones** (MHS Camp) – Former Assistant Coach at Boise State & Arizona St; 3x NCAA Qualifier while at Boise State. Their team won 3 Pac 10 titles & were ranked the #2 team in the country Levi's junior year. Levi was also ranked #2 in the country that same year at 141lbs.

**Matt Klinger** (MHS Camp) -2X Ohio State Champion, compiled a career 150-14 mark, including a 43-1 record as a senior. 3 year starter at Cleveland State University!



**The Camps...**

Top Instructional Staff for Head Clinicians - sets the tone for a great week. Learn mentally, physically, and spiritually what it takes to be a great athlete and leader on your team.

**COME TO FCA CAMP AND YOU WILL BE CHALLENGED TO...**

- *Become friends with other athletes from around the Northwest!*
- *Learn from college athletes who have walked in your shoes!*
- *Be pushed to your limits physically!*
- *Improve yourself through speed, agility, quickness, nutrition and strength training!*
- *Learn about your mental strengths & weaknesses!*
- *Compete against other athletes in your sport!*

**CAMP ENROLLMENT FORM**

**PLEASE REGISTER ON-LINE IF POSSIBLE**

Camper Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Gender (circle): M F  
 Birth Date: \_\_\_\_\_  
 T-shirt Size (adult sizes): YM YL S M L XL 2X 3X

School the camper will attend in fall  
 School Name: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Grade in Fall: \_\_\_\_\_

**PAYMENT INFORMATION**

Please fill out the following to complete enrollment  
 Student-Athlete.....\$ \_\_\_\_\_  
 Amount Enclosed.....\$ \_\_\_\_\_  
 Payment Type: CK # \_\_\_\_\_  
 CC (circle): Discover Visa MasterCard Am Ex.  
 Card Number \_\_\_\_\_  
 Name on Card (Print) \_\_\_\_\_  
 Exp Date: \_\_\_\_\_  
 Card Holder Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Card Holder Signature: \_\_\_\_\_

**What to Bring for the NNU (Overnight) Camp**

Pillow & bedding; Towel, toiletries, Athletic clothing & shoes, (gym); Bring \$ for FCA Camp Store

**Check-In: 6/24 - 1-3:00pm:**

**Camp Begins: at 3:30pm**

**Camps Ends: Noon, June 28th**

**Registration Questions? –**

Ken Lewis 208.697.1051 or [kewis@fca.org](mailto:kewis@fca.org)

**Fundraising & Busing: Contact local FCA Staff**

**2019 NW FCA Camp – Nampa, ID**

**June 24-28, 2019**

**Sign Up Now!**

**Coed Camp for incoming 7<sup>th</sup> grade – seniors**

**Location**

Northwest Nazarene University  
 623 Holly St.  
 Nampa, Idaho 83687

**Cost**

**Campers: \$400**

**Contact Your local FCA Staff for Scholarships**

**\$100 initial deposit**

**\* Call for Pastor Cost**

**Register On-line @ [www.fcaidaho.org](http://www.fcaidaho.org)**

**Or**

**Send registration form & check payable to FCA to:**

**FCA**

NNU Box 3359  
 623 S University Blvd  
 Nampa, ID 83686

**Sport Specific**

**Other Sports offered at the NW FCA Camp**

(You will only participate in one sport for the week)

- |                                    |                                       |                                   |
|------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football  | <input type="checkbox"/> Track        | <input type="checkbox"/> Swim     |
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Basketball   | <input type="checkbox"/> XC       |
| <input type="checkbox"/> Lacrosse  | <input type="checkbox"/> Pole Vault   | <input type="checkbox"/> Cheer    |
| <input type="checkbox"/> Soccer    | <input type="checkbox"/> Volleyball   | <input type="checkbox"/> Tennis   |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Golf (\$425) | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Diving    | <input type="checkbox"/> Rugby        |                                   |

**Mini Camp**

**FCA Wrestling Camp**

May 31 – June 1, 2019

Meridian HS, Meridian ID

Cost: \$60

Friday 6PM – 9PM

Saturday 9AM – 4PM

1<sup>st</sup> -12<sup>th</sup> Grade

**Register On-line @ [www.fcaidaho.org](http://www.fcaidaho.org)**

See on-line for more details at

**[www.fcaidaho.org](http://www.fcaidaho.org)**