

**Team Camp**  
**June 30 - July 4, 2012**

Overnight fee \$395.00  
Commuter fee \$265.00

*\*\* a \$25.00 registration fee will be added to those registering after June 1 \*\**  
*\*\* Roommate requests will be processed at check-in (roommates must check in together) \*\**

**Mail application and payment to:**

Naval Academy Athletic Association  
Attn: Wrestling Camp  
566 Brownson Road  
Annapolis, Md. 21402

Please make checks payable to NAAA/Wrestling Camp, CREDIT CARDS ARE NOT ACCEPTED

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Birthdate \_\_\_\_\_ Wt \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Age \_\_\_\_\_ Staying Overnight: Yes or No (circle one)

**Early Check-In** ( Yes or No ) — early check-in is 4:00 - 5:00 pm at the Lejeune Hall Wrestling Office; dinner is at 5:00 pm for early check-in  
*\*\* Please add \$45.00 for one additional night of lodging and meals ... Please submit housing request form 21 days prior to start of the camp \*\**

**Transportation Request** ( Yes or No )

*\*\* Please add \$45.00 for the cost of transportation ... Please submit transportation form 21 days prior to start of the camp \*\**

**Indemnification by Parents or Guardians of Applicant**

I approve of my child's attendance at the Naval Academy Athletic Association Sports Camp and certify that he/she is in good health and able to participate in all activities. I ( am / am not ) attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, restricted activities, etc. In further consideration of the Naval Academy Athletic Association accepting this application, I/we hereby agree to save and indemnify and keep harmless the Naval Academy Athletic Association, its agents and employees against any and all liability, claims, judgments or demands for damages arriving as a result of injuries sustained by the applicant during or as a result of any course given the applicant by the Naval Academy Athletic Association. Furthermore, as a parent/legal guardian for this child, I understand it is my responsibility to provide the Naval Academy Athletic Association with a COMPLETE AND VALID PHYSICAL EXAMINATION FOR THIS CAMPER PRIOR TO THE START OF CAMP.

Health Insurance Company \_\_\_\_\_

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Treatment Authorization**

I/We being the legal guardians of the above applicant authorize the Navy Wrestling Camp and its agents permission to request treatment as necessary to ensure the the well being of our dependent.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**