

## MEDICAL RELEASE FORM

PVHS TECHNIQUE CAMPS (5yr – 18yr)  
June 19, 26, July 3, 18, 2018

Location: Pioneer Valley HS, 675 Panther Dr., Santa Maria, 93454

Contact: Kent Olson, Wrestling Coach 559 924 707 5620

COMPLETE THIS FORM & BRING TO REGISTRATION

MUST BE SIGNED BY PARENT OR GUARDIAN

Athlete \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ CELL \_\_\_\_\_

Email \_\_\_\_\_

Authorization & Release Agreement: By signing this agreement I (verify by initialing below).

\_\_\_\_\_ I grant permission for medical treatment; release of medical information and am responsible for medical expenses.

\_\_\_\_\_ I authorize the staff of the Pioneer Valley HS Camp to render emergency medical care for my/our child. We further authorize the staff to obtain medical care at a hospital or by a private physician should, in the judgment of the staff, it be necessary. The Staff will use the 911 emergency care if necessary.

\_\_\_\_\_ I AUTHORIZE release of any medical information to the medical staff and emergency workers that is required to treat the above named participant.

\_\_\_\_\_ I UNDERSTAND that any changes resulting from this medical treatment will be billed to me at my address or to my medical insurance carrier which is:

### MEDICAL INSURANCE:

Company \_\_\_\_\_

Policy # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Wrestler signature \_\_\_\_\_

Date \_\_\_\_\_

## REGISTRATION FORM TECHNIQUE CAMPS

June 19 & 26 & July 3 & 18, 2018

5:00 – 9:00pm (5 – 18 yrs.)

**REGISTRATION:** 5:00PM (on-going)

### CAMP FEES:

- \_\_\_\_\_ \$750 TECHNIQUE CAMPS = 4 sessions (15 wrestlers) \*Checks to: PVHS Wrestling
- \_\_\_\_\_ \$25 Individual (per each camp session)

**TEAM** \_\_\_\_\_

**COACH** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ CELL \_\_\_\_\_

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

Coach Signature \_\_\_\_\_

**WRESTLER** \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Parent Signature \_\_\_\_\_

Wrestler Signature \_\_\_\_\_

**PIONEER VALLEY HIGH SCHOOL, 675 Panther Dr.,**

**Santa Maria, CA 93454**

**Kent Olson Head Coach 559 707 5620**

**farmboyz/@hotmail.com**

**Gregg Lanthier, Athletic Director 805 922 5511**

## 2018 PIONEER VALLEY HS WRESTLING TECHNIQUE CAMPS

AGE GROUP 5 – 18 year

5:00-9:00PM



### FEATURING.

- **Jamill Kelly**, Asst. Coach Arizona State University
- **Chris Pendleton**, Asst. Coach Arizona State University
- **Zach Sanders**, Asst. Coach University Minnesota
- **Chris Bono**, Head Coach University Wisconsin
- **Jon Reader**, Asst. Coach University Wisconsin



**DATE: JUNE 19 & JUNE 26**

**JULY 3 & JULY 18**

**5:00 – 9:00PM**

**: PIONEER VALLEY HS**

**675 Panther Dr.**

**Santa Maria CA 93454**



### CONTACT:

Kent Olson, Head Coach  
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