

**Beat the Streets Summer Wrestling Camp
Lake Placid, New York**

Applicant's Last Name _____ First Name _____
Address _____
City _____ State _____
Zip _____ Age _____ Gender _____ Adult T-shirt Size _____
Telephone: Home _____ Cell _____
Email Address _____

Health Insurance Provider _____ Plan # _____
Local Agent Telephone _____
Allergies to Medication _____
Required Medication _____
Other Medical Problems _____

Immunization Date Received (Required with proof of shots)

Diphtheria _____ Pertussis _____ Tetanus _____ Mumps _____
Poliomyelitis _____ Rubella _____ Measles _____

Wrestling Camp Name and Date: _____

Amount Enclosed (\$25 Registration Fee) \$ _____

Personal checks or money orders please. Payable to Beat the Streets, Inc. **Deposits are Non-Refundable.**

Mail to: Beat the Streets, 145 Thompson Ave. New York, New York 10012.

I certify that _____ (print camper name) is in good physical condition and can participate in the Beat the Streets Lake Placid Wrestling Camp. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Best-the-Streets does not screen applicants of these programs for illness, injuries, allergies or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in any Beat the Street/Clinic Program. I, _____ (print parent/guardian name), authorize camp staff to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Beat the Streets, Inc. and its Instructors and Employees, from responsibility for any injury or illness occurring while attending the Camp/Clinic/Program. This includes any transportation and emergency treatment. I understand some training is held off campus.

Signed this _____ day of 2010

Parent/Guardian _____

Beat the Street, including medical staff, will not administer any medication, either prescription or nonprescription, without notification on this application or a separate note by a parent or guardian.