

**Beat the Streets Summer Wrestling Camp**  
**Sullivan County Community College**  
**Loch Sheldrake, 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. NY, NY 10012.**

I certify that \_\_\_\_\_ (print camper name) is in good physical condition and can participate in the Beat the Streets Wrestling Camp at Sullivan County Community College. 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. Stevens 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