

COMMONWEALTH WRESTLING CAMP APPLICATION

Make checks payable to Commonwealth Camp, LLC. Please send check and application to:
Commonwealth Camp, LLC.
1231 Swan Lake Drive, #304
Charlottesville, VA 22902

Which camp will you be enrolling in?

Team Camps I & II

June 24-28, 2007

\$340.00 Boarding

\$275.00 Commuter

July 7 - July 11, 2007

\$340.00 Boarding

\$275.00 Commuter

Best of All Worlds Camp

June 28 - July 1, 2007

\$340.00 Boarding

\$275.00 Commuter

Elite Intensive Camp

July 11-14, 2007

\$340.00 Boarding

\$275.00 Commuter

Please enroll _____ Commuter Boarding Student

Address _____

City _____ State _____ Zip _____

Home Phone _____ School _____ Age _____ Weight _____

Wrestling Experience (# years) _____ Coach's Name _____

Roommate Preference(if applicable) _____

Enclosed is a \$150 (check payable to Commonwealth Camp, LLC.) NON-REFUNDABLE DEPOSIT for my reservation. Balance to be paid 3 weeks prior to camp registration. (PLEASE DUPLICATE FOR ADDITIONAL ATTENDEES) After June 1st all new applications must include full payment. A confirmation packet with pertinent information will follow.

WAIVER AND RELEASE

I understand that Commonwealth Camps, LLC is not a function of The University of Virginia and that The University of Virginia is not responsible for camp activities. I understand that a risk of participating in any sport is the possibility of sustaining an injury. In consideration for acceptance of my child, _____, as a camper and for the use of University facilities, I for myself and for my child, do hereby agree that I shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of the use of the facilities at The University of Virginia. I understand that I am responsible for having health insurance that provides adequate coverage for injuries or illnesses my child may sustain while participating in Commonwealth Camps, LLC. I hereby release and promise not to sue the Commonwealth of Virginia, the University of Virginia, Commonwealth Camps, LLC, or their employees for any damages, injury, or death arising from my child's participation in Commonwealth Camps, LLC and use of University facilities, unless caused by gross negligence or intentional misconduct of employees or agents of Commonwealth Camps, LLC or The University of Virginia. I hereby give permission for Commonwealth Camps, LLC and its employees to obtain medical treatment of my child in the event of accident or illness during his/her presence at camp. I hereby consent to have my child photographed or video or audio taped during camp activities so that the images may be used for educational and public relation purposes by Commonwealth Camps, LLC or The University of Virginia.

I, the parent or guardian, do hereby agree to the above waiver and release

Signed _____ Signed _____

Date _____ Date _____

A front and back copy of your insurance card and a physical need to be submitted prior to camp arrival.

Name of the person to accept responsibility should parent(s) not be available:

Name _____

Address _____

City _____ State _____ Zip _____

Phone (include area code) _____

* Commonwealth Wrestling Camp is owned and operated by Commonwealth Camps, LLC,