



# ***FCA WRESTLING CLINIC***

**Friday & Saturday: Oct. 9 - 10, 2009**

**Dunwoody High School**

**5035 Vermack Rd.**

**Dunwoody, GA.**

**Format:** This clinic is for high school & middle school wrestlers. It is designed to offer quality technique sessions on takedowns, defense on the feet, pinning, leg wrestling, & wrestling from the bottom. We will also have a great FCA inspirational program. **The clinic will last from 9AM - 4:30PM each day, on Friday and Saturday, with a 1 hr. lunch break each day.**

**Clinicians:** **One of the best coaching staffs in the nation:** John Azevedo (NCAA Champ in D-I & D-II; '80 Olympic Team; coached Calvary Chapel H.S. to 7 California state team championships, current head coach at "Cal Poly", San Luis Obispo); **Mike McArthur** (3x NCAA All-American, Asst. Coach Oklahoma State, Coach of Athletes in Action; USA Team Olympic Coaching staff); **Heath Eslinger** (New head coach at U. of Tennessee at Chattanooga, 3x SoCon Champ & qualifier for the NCAA championships, outstanding clinician and speaker).

**Cost:** **\$50 /wrestler for one day; or \$75.00/wrestler for both days.**

Bring your own lunch, or "cash" for lunch and drinks each day.

**\*\*Note: Scholarships will be available for those who qualify. Don't let money keep you from attending camp.\*\***

**Registration Deadline:** **Registrations will be accepted on a "first-come / first-served basis", until the clinic is full, @ 100 wrestlers. If space is available, wrestlers may register at the door from 8AM to 9AM each day. We will start on the mats at 9AM sharp each day.**

*For more information, contact Bill Gifford (FCA Wrestling Ministry)  
on his cell: [\(770\) 364-2527](tel:7703642527), or email: [bgifford@fca.org](mailto:bgifford@fca.org)*



## 2009 FCA Wrestling Clinic

Oct. 9 - 10, 2009

Dunwoody High School, Dunwoody, GA.

Name of Wrestler \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

Home Phone:(\_\_\_\_)\_\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

.....  
Days Registered: Friday: \_\_\_\_\_ Sat: \_\_\_\_\_ Fri. & Sat.: \_\_\_\_\_

Signature \_\_\_\_\_

Date

**\*Registration fee is \$50.00 for one day, or \$75.00 for both days. (All fees payable to "Fellowship of Christian Athletes"). Mail registration forms & fees to the address below by Oct. 3, 2009:**

FCA Wrestling Clinic  
Fellowship of Christian Athletes  
651 Exchange Place  
Lilburn, GA. 30047

**After early registration deadline on 10/3 - register online, (visit our new website at "fcawrestlinggeorgia.org"), or register at the door.**

**(Registrations accepted on "first-come / first-served basis" until camp is full @ 100 wrestlers.)**

# FCA Student Participant PERMISSION/WAIVER FORM

**NOTE: PARENT/GUARDIAN—IT IS IMPORTANT that you complete the following Health Record. Your son/daughter must present it at the time of registration on site.**

Name of Student (please print) \_\_\_\_\_

Address \_\_\_\_\_

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

If the participant is a child, print the names of parent(s) and/or legal guardian(s): \_\_\_\_\_

Age of Child \_\_\_\_\_ Birth Date \_\_\_\_\_ Academic Grade \_\_\_\_\_

School \_\_\_\_\_ Social Security # \_\_\_\_\_

## Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

## Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

## First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for the Camp Trainer or other Camp professional medical staff to give over-the-counter medications as needed.

I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

## Release to use Image and Likeness

On occasion, the Fellowship of Christian Athletes (FCA) or its representatives takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to:

photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. *(continued on back side)*

In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by FCA or its agents to produce ministry resources for staff training, Camp or campus ministry or other uses to promote the ministry of FCA. FCA may also make these materials available for sale to the public.

## Medical History

1. Does the camper have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain:

2. Does the camper have any severe allergies or reactions to drugs or medicines? Explain.

3. Is the camper presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.):

4. Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) \_\_\_\_\_

5. Are there any emotional/social disabilities that would be helpful for us to be aware of?

6. Is your son/daughter living with: \* Both parents? \* One parent? \* A guardian? \*Other?

**Health Insurance**

Health insurance information: Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_  
Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Emergency Contacts**

Name of persons and telephone numbers to call in case of emergency:  
Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_  
Other \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Swimming Ability**

\_\_\_\_\_ Non-swimmer \_\_\_\_\_ Moderate (capable of swimming several lengths of pool)  
\_\_\_\_\_ Beginner (capable of swimming for several minutes in deep water) \_\_\_\_\_ Advanced (capable of swimming long distances)

**Other Information**

Other information leaders should know about the child participant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/ Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

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

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Witness Signature Date