

Pittsburgh Wrestling Camps, LLC

Youth Camp Welcome Packet

Dear Youth Wrestling Camper:

This letter serves to inform you that we have received your enrollment form and deposit for this summer's Pittsburgh Wrestling Camp. The enclosed packet includes important information regarding check-in times/places, things to bring, etc. Please carefully review all of the materials.

We need the following items in order for you to participate:

_____ **Release & Consent Agreement (e-sign)**

_____ **Front & Back Copy of Insurance Card (email)**

_____ **Completed Sports Medicine Sheet (email)**

_____ **Balance Due** (paid in full before you may begin camp)

Please email physical and insurance card to jleen@athletics.pitt.edu at least 7 days prior to the start of camp or to bring to check in.

If you have any questions or concerns, please feel free to contact:

Jordan Leen: 412-315-9628, jleen@athletics.pitt.edu

Conor Youtsey: 517-262-3079, cyousey@athletics.pitt.edu

Thank you for choosing Pittsburgh Wrestling Camps!

General Information

Check-in:

Check-in will be on Sunday June 23 from 3:00-3:30PM in the Pitt Wrestling Room located inside the Fitzgerald Fieldhouse.

Fitzgerald Fieldhouse
3526 Allequippa St,
Pittsburgh, PA 15213.

Parking:

- Street parking is free on Sunday
- One-time parking is available in the O.C. lot for \$7 on weekdays.

OC Lot Parking Address
3537 Allequippa St
Pittsburgh, PA 15213

Meals:

Catered lunch will be provided on Monday, Tuesday, and Wednesday.

Insurance and Medical Forms:

Pittsburgh Wrestling Camps, LLC requires all campers to carry personal health insurance

Pitt Wrestling Gear:

Pitt Wrestling Gear will be available for purchase before the first session and following the final session each day.

Refund Policy:

Refunds (less \$150 non-refundable deposit) can be obtained for emergency situations ONLY (i.e. death in family or medical injury). ***Your deposit of \$150 is non-refundable.*** All refund requests must be emailed to Jordan Leen at jleen@athletics.pitt.edu

Frequently Asked Questions:

- 1. When is the remaining balance due?** Balance must be paid prior to first session
- 2. Will there be a medical staff at the camp?** Yes. Our certified athletic training staff is present at all camp functions.

Athletic Camp/Clinic Sports Medicine Information Sheet

Please provide the following medical information for your child:

Primary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Secondary emergency contact (Name, relationship, phone number)

Name _____
Relationship _____
Phone Number _____

Allergies (medication, food, bee sting, poison ivy, etc.)

Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

Date of last tetanus shot (month/year)

2019 Release & Consent Agreement

Pittsburgh Wrestling Camps, LLC, is sponsored and run by Jordan Leen, and it may be held at the University of Pittsburgh and use some of the University's facilities. However, Pittsburgh Wrestling Camps, LLC, and its staff are not sponsored or run by the University, and all camp employees are not employees or agents of the University in their operating of the camp.

Please read the following agreement carefully before signing.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE

1. I understand that a risk of participating in any sport, including Pittsburgh Wrestling Camps, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem begins.
2. By signing below, I certify the following:
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;
 - Is free of communicable disease of any kind;
 - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;
 - That my child does not have a contagious condition that could be spread to other campers or staff
 - That my child has no history of fainting or other problems related to strenuous exercise; and
 - That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____

Date: _____

CONSENTS

1. By my signature below, I hereby give permission for Pittsburgh Wrestling Camps, LLC., and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the camp.
2. By my signature below, I hereby give consent to have my child be photographed or video or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Pittsburgh Wrestling Camps, LLC.

Parent/Guardian Signature _____

Date: _____

RELEASE

1. In consideration for accepting my child into Pittsburgh Wrestling Camps, LLC., which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the camp. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in Pittsburgh Wrestling Camps, LLC.
2. By my signature below, I also agree to release and promise not to sue the University of Pittsburgh, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in Pittsburgh Wrestling Camps, unless such damages, loss, injury, or death are caused by the gross negligence or intentional gross misconduct of such employees or agents.

Parent/Guardian Signature _____

Date: _____

Youth Camp Schedule June 23-26

Sunday June 23

3:00 – 3:30 pm	Registration
3:30 – 3:45 pm	Orientation & Introductions
3:45 – 5:15 pm	Neutral Basics
5:15 – 5:30 pm	Pickup

Monday June 24

10:30 – 12:00 pm	Neutral Defense
12:15- 12:45 pm	Lunch
12:45 – 1:15 pm	Video
1:15 – 3:00 pm	Top
3:00 – 3:15 pm	Pickup

Tuesday June 25

10:30 – 12:00 pm	Neutral Offense
12:15- 12:45 pm	Lunch
12:45 – 1:15 pm	Video
1:15 – 3:00 pm	Bottom
3:00 – 3:15 pm	Pickup

Wednesday June 26

10:30 – 12:00 pm	Neutral Offense
12:15 – 12:45 pm	Lunch
12:45 – 1:15 pm	Video
1:15 – 3:00 pm	Competitions, Games
3:00 – 3:15 pm	Pickup (Final Checkout)