

Jeff Ragan Wrestling Camp @ Live Oak High School July 22-23 2017

Jeff Ragan: NCAA All-American, Big XII Champion, Espoir FS National Champion, Junior World Team Member, Academic All-American, Oklahoma State Male Student Athlete-of-the-Year, Associate Head Wrestling Coach of The Citadel

July 22nd and 23rd - Registration will be 9:00 A.M.-10:00 A.M. -Session 1: 10:00 A.M.-12:00 A.M.-Lunch: 12:00 A.M. - 1:00 P.M. (On your own)-Session 2: 1:00 P.M.- 3:30 P.M.

Application & Registration

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parent so that such procedures may be promptly carried out, and so that no unnecessary delay will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed. I give permission for the diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child:

Signed _____ Date _____ Relationship _____
Family Insurance Co. _____ Company Address _____
Group # _____ ID # _____
Subscriber Name _____

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Jeff Ragan Wrestling Camp, including related camp activities. It is my understanding that participation in the activities that make up the Jeff Ragan Wrestling Camp is not without some inherent risk of injury. As such, in consideration of my child's participation in the Jeff Ragan Wrestling Camp, I covenant not to sue the camp program, Live Oak Wrestling Club, Live Oak High School or Livingston Parish School District, their coaches, officers, servants, agents, or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action, and causes of action what so ever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Parent/Guardian signature: _____ Date _____

I agree to follow all instructions and procedures in order to maintain a maximum level of safety.

Camper's signature: _____ Date _____

JEFF RAGAN WRESTLING CAMP

Name (participant) _____ Age _____

Grade _____ Address _____

City, State, Zip _____

Parent's Name(s) _____ Home Phone _____

Father's work phone _____ Mother's work phone _____

Other contact for emergency _____ Phone _____

School Name _____

A \$50.00 non-refundable deposit must accompany each application by July 10th, 2017. Preregistration by this date will only cost \$95. You can register at the Door for \$100. Make checks payable to Live Oak High School.

Please send application and \$95 (or \$50) dep Live Oak High School. Att: Head Wrestling Coach Chris Collier, P.O Box 590, Watson, LA 70786. If you have any questions Call Chris Collier 225-931-4214 or email christopher.collier@lpsb.org

