

Michigan State University

Wrestling Camp

Resident and Commuter Camps

Must be 12 years old to spend the night*

2012 Dates:

June 17-20
Intensive Camp

June 17-20
Technique Camp

5-OLYMPIANS
27- NATIONAL CHAMPIONS
67-BIG TEN CHAMPIONS
132- ALL-AMERICANS

*This Summer We
Train Like Spartans!*

- MSU Head Coach Tom Minkel - World and Olympic Team Head Coach, 3 time National Champion, Olympian
- Roger Chandler – 3 time All-American
- Chris Williams – All-American
- Alex Dolly – 4 time NCAA National Qualifier

To register online go to: www.sportcamps.msu.edu

Ages* 8-18 years old

| | | |
|--|-------------------|---|
| Intensive Camp <i>(Ages 12 and over)</i> | Check-in: | 2:00-3:00 p.m. (Sunday) |
| | Check-out: | 3:30-4:30 p.m. (Wednesday) |
| | Camp fees: | *Resident Camp \$380.00 Commuter Camp \$290.00 |

| | | |
|-----------------------|-------------------|---|
| Technique Camp | Check-in: | 2:00-3:00 p.m. (Sunday) |
| | Check-out: | 3:30-4:30 p.m. (Wednesday) |
| | Camp fees: | *Resident Camp \$350.00 Commuter Camp \$260.00 |

- Early Registration by May 1st = \$35.00 off
- Groups/Team Discounts (4-9=\$10 off p.p.) (10+=\$15 off p.p.)
- Only one discount per person.

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Camp Information

Resident campers MUST be 12 years old to spend the night.

Refund Policy

Campers unable to attend camp are entitled to a refund. A \$55 administrative fee (only \$30 if you enrolled online) will be deducted from all refunds, regardless of the reason. Refund requests must be submitted in writing PRIOR to the first day of the camp session in which the camper was originally enrolled. No refunds for any reason (i.e. injury, illness) will be given once a camper is on campus.

fax: 517-355-6891

email: msucamps@msu.edu

Check-In/Check-Out

Time and location of check-in/check-out will be printed on your receipt and sent to you at time of payment.

Medical Policy

Each participant should have his or her own medical insurance. A student trainer will always be available. Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance. No physicals are required.

Roommate Requests

To aid us with your roommate and suitemate preferences, please submit your written applications in the same envelope or submit online applications on the same day. All requests for suitemates and roommate preferences must be confirmed by e-mail 30 days prior to camp start date at msucamps@msu.edu.

Meals

Sunday Meal 6:00 p.m.–7:30 p.m.
Breakfast 7:00 a.m.–8:30 a.m.
Lunch 11:30 a.m.–1:30 p.m.
Dinner 4:00 p.m.–6:00 p.m.

Registration Information

Register online at www.sportcamps.msu.edu or complete the attached application.

Full payment by either check, MasterCard, VISA or Discover must accompany the application. Make checks payable to Michigan State University. No applications will be accepted before February 1st. You will receive confirmation for receipt of enrollment by mail within 12–15 business days.

Walk-In Registration Policy

Walk-in registration (signing up on the day camp begins) will be accepted on a space available, first come, first served basis. An additional \$10.00 fee will be charged for walk-in registrations. Please note that walk-ins are not guaranteed admission once a camp is full.

Cash payment only. No checks or credit cards.

MSU Sport Camp Policy

Persons enrolled in MSU Sport Camps will be required to attend all sessions and to comply with the rules and regulations of Michigan State University governing the conduct of all students on the campus.

Contact Information

Sports specific questions contact:
p. 517.432.5036

General/Registration/Roommate questions:

p: 517.432.0730

w: www.sportcamps.msu.edu



The Wrestling Camp Application

REGISTER AT WWW.SPORTCAMPS.MSU.EDU
PLEASE PRINT INFORMATION BELOW OR ENROLL ONLINE

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Daytime Telephone: (_____) _____

Evening Telephone: (_____) _____

E-mail: _____

Grade in September: _____ Age: _____

Sex: _____ Date of Birth: _____ Ht: _____ Wt: _____

Must be 12 years old to spend the night.

Roommate preference:

1) _____

2) _____

Please enroll me in the following Wrestling camp:

| Camp Date | Resident | Commuter |
|-----------|----------|----------|
|-----------|----------|----------|

| | | |
|-------------------------------|-----------------------------------|-----------------------------------|
| JUNE 17-20 (Intensive) | <input type="checkbox"/> \$380.00 | <input type="checkbox"/> \$290.00 |
|-------------------------------|-----------------------------------|-----------------------------------|

| | | |
|-------------------------------|-----------------------------------|-----------------------------------|
| JUNE 17-20 (Technique) | <input type="checkbox"/> \$350.00 | <input type="checkbox"/> \$260.00 |
|-------------------------------|-----------------------------------|-----------------------------------|

Early registration by May 1st = \$35.00 off

Groups/Team Discounts (4-9=\$10 off per person) (10+=\$15 off per person)

***One discount per person please

U.S. FUNDS ONLY.

Please make checks payable to
MICHIGAN STATE UNIVERSITY

Check one: CHECK MASTERCARD VISA DISCOVER

Card Number _____

3 digit security code _____ Exp. Date _____

Signature _____

Amount of Check/Charge enclosed _____

Medical Treatment Authorization Form

Participant's Name _____ DOB ____/____/____

What Sport: Wrestling

Date of Camp: _____

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

2. List any medications currently taking:

3. List any allergies:

In case of emergency please contact:

Name _____

Daytime Telephone _____ Evening Telephone _____

Name of Medical Insurance _____ Company Telephone _____

Insurance Policy Numbers _____

_____, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Signature (Parent or Guardian) _____ Date _____

Send Application and Medical Treatment Form with payment in full to:

MICHIGAN STATE UNIVERSITY
Sports Camp Office
402 Jenison Field House
East Lansing, MI 48824-1025
Fax: 517-355-6891