

COMPLETE THIS FORM AND RETURN TO:
NEO WRESTLING – TEAM CAMP

Coach Joe Renfro
200 I Street NE
Miami, OK 74354

Camper: _____

Contact Number: _____

Address: _____

City: _____ State: _____

Age: _____ Year in School 2023: _____

School: _____

Head Coach: _____

Camper: _____ \$200 Coach: _____ \$75

Shirt Size: SM MD LG XLG XXLG

PARENT OR GUARDIAN INFORMATION:

Emergency Contact: _____

Contact #: _____

MAKE CHECKS PAYABLE TO NEO WRESTLING



NEO
WRESTLING

FOR MORE INFORMATION, PLEASE CONTACT:

JOE RENFRO

HEAD WRESTLING COACH

OFFICE: 918.540.6950

JOE.RENFRO@NEO.EDU

2023 WRESTLING CAMPS

GIRLS

JUNE 4, 5, & 6

BOYS

JUNE 6, 7, & 8

NEOATHLETICS.COM

Eligible Campers

NEO Team Camps are open to all wrestlers in 7th through 12th grade. Feel free to send only a few wrestlers, as we will place them on other teams. Coaches attend this camp for \$75, meals and dorm included. Coaches are encouraged to coach their team. If unavailable, a NEO wrestler will coach that team for the camp.

Team Camp Cost

Individual camper - \$200

Coaches staying in Residence Hall - \$75 per coach

Contacts

Head Coach: Joe Renfro - (918) 540-6950

Rooming Accommodations

Paying Campers and Coaches will be assigned rooms on arrival in the NEO Residence Halls. Campers must bring their toiletries, sheets, and blankets. Campers that lose their room key while at NEO will be charged a \$50 replacement key fee.

Information

Please send campers with insurance forms and payment to registration. Campers and/or Coaches MUST RSVP BY FRIDAY, JUNE 2nd. RSVP with Coach Renfro at 918.540.6950 or joe.renfro@neo.edu. Payment is not due until registration, but campers or coaches must contact NEO Wrestling Staff with their numbers by June 2nd. Make checks payable to NEO WRESTLING.

ONCE A NORSEMEN, ALWAYS A NORSEMEN!



RELEASE OF LIABILITY

In consideration of the NEO wrestling team camp and granting the camper permission to participate, I hereby state that the NEO wrestling team camp and the individuals representing the NEO wrestling team camp are not responsible for any pre-existing injury or recurrence of any undisclosed pre-existing injury or illness of the listed camper. I further acknowledge and release the Oklahoma State Board of Regents, Northeastern Oklahoma A&M College, the NEO wrestling team camp and its officers, employees, contractors, agents, all instructors and all participants in said wrestling camp from all liability including claims and suits at law or equity, for injury which may result from the camper taking part in the NEO wrestling team camp.

Parent/Guardian Initials: _____

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk or serious injury and that there may be other risks not known to or not reasonably seen at this time. I assume all the foregoing risks and accept personal responsibility for any damages following such injury, permanent disability, or death. I hereby consent to said minor's participation and assume all the risks of his personal injury that may result from the wrestling camp.

Parent/Guardian Initials: _____

I release, waive, discharge, and covenant not to bring legal action upon the Oklahoma State Board of Regents, Northeastern Oklahoma A&M College, the NEO wrestling team camp, its officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operation.

Signature of Parent/Guardian _____

MEDICAL RELEASE AND INSURANCE VERIFICATION

Camper's name: _____

I request and give permission to the NEO A&M training staff and medical staff at Integris Miami Hospital to treat the above named camp participant appropriately, including hospitalization, prescribing medication and performing emergency surgical procedures.

Parent/Guardian Initials: _____

I authorize release of any medical information to the NEO A&M training staff and the Integris Miami Hospital that may be pertinent to any diagnosis or treatment of the above named camp participant.

Parent/Guardian Initials: _____

I understand that any charges resulting from this medical treatment will be billed to me at my address above or to my medical insurance. I also understand that as parent or legal guardian I am also responsible for any deductibles associated with the primary or the secondary coverage.

Parent/Guardian Initials: _____

Medical Insurance Company _____

Policy Number _____

Signature of Policy Owner (Parent/Guardian) _____

Tentative Camp Schedule - Girls SUNDAY, JUNE 4TH

1:00 - 3:00 Registration
3:15 - 4:30 First Session (Technique and Team Organizing)
5:30 - 6:30 Supper
7:00 - 9:00 Second Session (Dual 1 and Dual 2)
10:30 Lights Out

MONDAY, JUNE 5TH

7:00 - 8:00 Breakfast
9:00 - 11:00 Third Session (Technique and Dual 3)
12:00 - 1:00 Lunch
2:30 - 4:30 Fourth Session (Dual 4 and Dual 5)
5:30 - 6:30 Supper
7:00 - 9:00 Fifth Session (Dual 6 and Dual 7)
10:30 Lights Out

TUESDAY, JUNE 6TH

7:00 - 8:00 Breakfast
9:00 - 11:00 Sixth Session (Camp Tournament)
11:30 Check Out

Camp Schedule - Boys TUESDAY, JUNE 6TH

1:00 - 3:00 Registration
3:15 - 4:30 First Session (Technique and Team Organizing)
5:30 - 6:30 Supper
7:00 - 9:00 Second Session (Dual 1 and Dual 2)
10:30 Lights Out

WEDNESDAY, JUNE 7TH

7:00 - 8:00 Breakfast
9:00 - 11:00 Third Session (Technique and Dual 3)
12:00 - 1:00 Lunch
2:30 - 4:30 Fourth Session (Dual 4 and Dual 5)
5:30 - 6:30 Supper
7:00 - 9:00 Fifth Session (Dual 6 and Dual 7)
10:30 Lights Out

THURSDAY, JUNE 8TH

7:00 - 8:00 Breakfast
9:00 - 11:00 Sixth Session (Camp Tournament)
11:30 Check Out