

**REGISTER NOW – ENROLLMENT IS LIMITED**  
**PLEASE SUBMIT APPLICATIONS BY JUNE 15, 2008**  
**Anticipated date of closure is between**  
**June 15<sup>th</sup> and July 1<sup>st</sup>**

***IF YOU REGISTER ONLINE, YOU MUST STILL  
PRINT THE APPLICATION, FILL IT OUT  
(IN FULL) AND MAIL IT IN***

COMPLETE THE ENTIRE THREE PAGE FORM

Make Checks Payable to **Pin2Win, Inc.**

Mail the completed application to:

Pin2Win, Inc.  
c/o Gene Mills  
4024 Pinyon Pine Path  
Liverpool, NY 13090-1114

**NON-REFUNDABLE DEPOSIT FOR WRESTLING CAMP OF  
\$125.00 MUST ACCOMPANY APPLICATION TO SECURE  
REGISTRATION.**

**- OR -**

**NON-REFUNDABLE DEPOSIT FOR GRAPPLING CAMP OF  
\$150.00 MUST ACCOMPANY APPLICATION TO SECURE  
REGISTRATION.**

Balance due at registration.

It is not necessary to include this cover sheet when you mail in your application.

### **Get ready to Learn, Work, & Have Some Fun**

Wrestling with Gene Mills, Screwy Louie Lazzari, NCAA Champions Damion Hahn and Doug Joseph, Ronnie Jones, & Olympian Carmelo Flores, Veterans World Place-Winner Tim Boda, and many other great coaches.

Grappling with UFC legend Renzo Gracie, top UFC trainer John Donaher, World Wrestling Champion Mean Gene Mills, USA Grappling World Team Coach Jason Townsend, 2007 Grappling World Champions Ricky Lundell, Jeff Monson, and Tara LaRosa.

We look forward to seeing you at camp.

Directions, Map, and What to Bring are on this website.

# GENE MILLS CAMPS

<input type="checkbox"/> June 29 – July 3, 2008 Grappling/MMA Camp	<input type="checkbox"/> July 6-10, 2008 Technique & Intensive Camp	<input type="checkbox"/> July 13-17, 2008 Technique and Competition Camp
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## PERSONAL INFORMATION

Name <i>(Last, First, M.I.)</i>		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	Age	Grad Year
Address		City		State	Zip
Phone	Email Address <i>(We will email confirmation and balance information)</i>			T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
Group/Team Name			Group/Team Contact Phone	Approx Weight	
Is a coach attending camp with your team/group? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Coaches Name		If Yes, Coaches Phone	

## EMERGENCY CONTACT INFORMATION

Primary Emergency Contact	Phone
Secondary Emergency Contact	Phone

## MEDICAL INSURANCE

*\* Please provide a copy of your Insurance Card*

Is participant covered by family medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Carrier/Plan Name		Group Number	
Carrier Address	City	State	Zip Code
Name of Insured	ID Number	Relationship	
Is pre-approval required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number for Pre-Approval		

## PERSONAL HEALTH HISTORY

<b>Health History:</b>	<input type="checkbox"/> Asthma <input type="checkbox"/> Ear Infections <input type="checkbox"/> Migraines <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Murmur		
<b>Allergies:</b>	<input type="checkbox"/> Bee Stings <input type="checkbox"/> Hay Fever <input type="checkbox"/> Food <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs: _____ <input type="checkbox"/> Other: _____		
<b>Immunizations and dates:</b> <i>(Month and Year)</i>	<input type="checkbox"/> DTP Series		<input type="checkbox"/> Tuberculin Test (TB)
	<input type="checkbox"/> Tetanus/Diphtheria		<input type="checkbox"/> Haemophilus Influenza B
	<input type="checkbox"/> Tetanus		<input type="checkbox"/> Hepatitis B
	<input type="checkbox"/> Rubella		<input type="checkbox"/> Varicella/Chicken Pox
	<input type="checkbox"/> MMR <i>Measles, Mumps, Rubella</i>		<input type="checkbox"/> Booster
			<input type="checkbox"/> Meningitis

## OPERATIONS OR SERIOUS INJURIES

Date	Condition	<i>If NO operations or serious injuries, check here: <input type="checkbox"/></i>

## CHRONIC, RECURRING ILLNESS, OR SERIOUS ILLNESS IN THE LAST SIX MONTHS

*Note: All Surgeries, serious conditions, or illnesses require a physicians clearance prior to attending camp*

When	Recurring/Serious Illness	<i>If NO Chronic, Recurring, or Serious Illness, check here: <input type="checkbox"/></i>

# GENE MILLS CAMPS

## MEDICATIONS BEING TAKEN

Please list all medications (including over-the-counter) taken routinely. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Name of Drug	Dosage	Frequency Taken

Reason for Taking

*If you are taking NO medications, check here:*

*Please Note: We are unable to administer any over-the-counter medications i.e. Tylenol, Advil, etc.  
If you feel there may be a need for these, please bring your own.*

## RESTRICTIONS/LIMITATIONS WHILE AT THIS CAMP (PLEASE BE SPECIFIC)

*If you have NO restrictions or Limitations, check here:*

## ANY ADDITIONAL HEALTH INFORMATION THE CAMP SHOULD BE AWARE OF

*Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance. This includes any skin disorders such as ringworm. If there is NO additional health information the camp should be aware of, check here:*

## ADDITIONAL CONDITIONS

*Important: Campers with the following conditions must provide written physician's clearance before attending camp. Please return an official letter of physician's clearance for each item checked.*

- |  |   |
|--|---|
| <input type="checkbox"/> Fracture in the last 6 months       | <input type="checkbox"/> Surgery in the past year             |
| <input type="checkbox"/> Heart Condition (Including murmurs) | <input type="checkbox"/> Spinal Injury or Head Injury         |
| <input type="checkbox"/> Seizure Disorder                    | <input type="checkbox"/> Loss of Organ                        |
| <input type="checkbox"/> Diabetes                            | <input type="checkbox"/> Hemophilia                           |
|  | <input type="checkbox"/> Hospitalization in the last 6 months |

## FAMILY PHYSICIAN

Name	Address
Telephone Number	

## PARENT/GUARDIAN AUTHORIZATION

**This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted. I hereby give permissions to the certified athletic trainer to provide routine health care, administer prescribed medications and seek emergency medical treatment, including ordering X-rays for routine tests.**

**I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.**

**I agree to assume full responsibility for any damages to property and person as a result of my child's actions while at camp. I further agree to reimburse the host facility for damages. I hereby wave and release Pin2Win, Inc. and the host facility from any and all liability for any injuries incurred by my child while attending camp.**

**I recognize that there are inherent dangers in the sport of wrestling and its training elements.  
I agree to assume all risks related to my child's participation.**

Print Name

Signature

Date

For Office Use Only

Deposit	Check Number	Amount
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**MENINGITIS RELEASE**

*In Accordance With NY State Law:*

Meningococcal Meningitis is a bacterial illness affecting the brain. It can be spread by cough, sneeze, kiss, sharing drinks, or by any other direct contact or airborne means of transportation. Therefore, campers residing in small areas, such as cabins, are at an increased risk for contracting the illness.

The signs and symptoms of meningococcal meningitis are similar to the common flu often making it hard to detect. The signs and symptoms include the following: high fever, nausea, vomiting, fatigue, headache, stiff neck/back, skin rashes and confusion. Frequently, not all signs are symptoms occur, and the illness may progress rapidly. Treatment of meningitis is antibiotic therapy.

A vaccination is available, and is an effective way to help prevent meningococcal meningitis, although any vaccine is not an absolute guarantee. There are rarely side effects associated with this vaccination. Pin2Win camps will not provide the meningitis vaccine. Contact your family care provider for information regarding availability and associated costs of the vaccination.

I, the parent or legal guardian have received, reviewed, and understand the above information regarding meningococcal meningitis and my son/daughter has either received the immunization with 10 years preceding or has elected not to obtain the immunization against meningococcal meningitis.

Print Name

Signature

Date

Camper Referred By:

Where did you hear about Gene Mills Pin2Win Wrestling Camps?