

# ROSSELLI WRESTLING CAMP

## Airport Shuttle Request 2019

Camper's Name: \_\_\_\_\_ Camper's Cell #: \_\_\_\_\_

I will attend camp on the following date: (check one)

**JUNE 22-26, 2019**

Intensive Camp 1

Freestyle Camp

Takedown Camp

**June 26 – June 30, 2019**

Intensive Camp 2

Turn & Pin Camp

Girls Camp

### ARRIVAL INFORMATION

(If the camper is making a connection, only include the segment from the connecting city to destination city.)

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Departing From: \_\_\_\_\_

Arriving in OKC at: \_\_\_\_\_ AM  
PM (circle one) Arrival Date: \_\_\_\_\_

### DEPARTURE INFORMATION

(If the camper is making a connection, only include the segment from the departure to the connecting city.)

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Destination City: \_\_\_\_\_

Departing OKC at: \_\_\_\_\_ AM  
PM (circle one) Departure Date: \_\_\_\_\_

### RELEASE AND MEDICAL AUTHORIZATION

I, the undersigned parent/legal guardian of the camper as named above, authorize said child to be transported by an employee of Rosselli Wrestling Camps from the Will Rogers World Airport in Oklahoma City, Oklahoma to Rosselli Wrestling Camps in Norman, Oklahoma, and from Rosselli Wrestling Camps to the Will Rogers World Airport. In consideration of said child's transportation, I hereby release, waive, discharge and covenant not to sue Rosselli Wrestling Camps, the University of Oklahoma, its Athletic Department, the State of Oklahoma, or any of the officers, servants, agents, or employees of these organizations from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by my child whether caused by negligence of the releasees, or otherwise while being transported. Further, I give my permission for any emergency medical treatment that may be required. I also give my permission to use, if necessary, the insurance information as provided by me on my child's Rosselli Wrestling Camps Medical Waiver.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

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Print Parent / Guardian Name \_\_\_\_\_

Parent/Guardian Emergency Contact # \_\_\_\_\_

**Please attach a copy of the camper's complete flight itinerary return no later than one week prior to camp.**

Requests may be submitted by:

MAIL: Attn: Rosselli Wrestling, 810 Mossy, Norman, OK 73069

FAX: (405) 325-8388    EMAIL: [rosselliwrestling@gmail.com](mailto:rosselliwrestling@gmail.com)