

REGISTRATION

Register online @ TonyErslandWrestlingCamps.com

Camper Name: _____ Camper Cell: _____
 Camper Date of Birth: _____ Camper T-Shirt Size: _____
 Parents Name: _____ Parent Cell: _____
 Mailing Address: _____
 City, State: _____ Zip Code: _____
 Parent Email: _____

Camp Choice

_____ Women's Camp (Resident)	June 7-10	\$450
_____ Women's Camp (Commuter w/ Meals)	June 7-10	\$350
_____ Women's Camp (Commuter, No Meals)	June 7-10	\$300
_____ Intensive Camp (Residents Only)	June 9-14	\$750*
_____ Team Camp (Resident)	June 11-14	\$450
_____ Team Camp (Commuter w/ Meals)	June 11-14	\$350
_____ Team Camp (Commuter, No Meals)	June 11-14	\$300
_____ Technique Camp (Resident)	June 15-18	\$450
_____ Technique Camp (Commuter w/ Meals)	June 15-18	\$350
_____ Technique Camp (Commuter, No Meals)	June 15-18	\$300
_____ Takedown Camp (Resident)	June 18-21	\$450
_____ Takedown Camp (Commuter w/ Meals)	June 18-21	\$350
_____ Takedown Camp (Commuter, No Meals)	June 18-21	\$300

Teams will receive \$25 discount for 5+, \$50 discount for 10+

* - No team discounts available for intensive camp

Please make checks payable to: **TONY ERSLAND WRESTLING CAMPS**

Send to: **BRIAN ANDERSON**
 900 John Wooden Drive, Mackey Arena, Room 2216
 West Lafayette, IN 47907

RELEASE, WAIVER & CONSENT TO MEDICAL TREATMENT

In consideration of being allowed to participate in this camp, I hereby Release, Waive, and Covenant not to sue [Tony Ersland Wrestling Camps] ("Operator"), The Trustees of Purdue University ("Purdue") and any volunteers or staff of either Operator or Purdue (hereinafter referred to as Released Parties) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, my child, or any property belonging to me/my child, whether caused by the negligence of Released Parties or otherwise, while participating in this camp, or upon the premises where the activities are conducted.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity that would place my child at risk in the participation in any way with the camp activities. I am fully aware of risks and hazards connected with this camp. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, which may be sustained by my child as a result of participating in camp activities, whether caused by the negligence of the Released Parties or otherwise. I agree to indemnify and hold harmless the Released Parties from any liability, damage, or cost that may accrue related to me/my child's participation in the camp, whether caused by the negligence of the Released Parties or otherwise. DURING THE PERIOD FROM _____ UNTIL _____ I HEREBY GIVE PERMISSION TO [CAMP OPERATOR], TO RENDER APPROPRIATE MEDICAL ATTENTION TO MY CHILD IN THE EVENT OF ANY ACCIDENT, ILLNESS, OR INJURY. I WILL BE RESPONSIBLE TO ANY COST OF MEDICAL COVERAGE AND TREATMENTS NOT COVERED BY INSURANCE.

It is my express intent that the Release, Waiver and Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs assigns a personal representative, if I am deceased and shall be deemed as a release, waiver and covenant not to sue the above-named Released Parties. I hereby further agree this Release, Waiver and Consent to Medical Treatment shall be construed in accordance with the laws of the State of Indiana.

In signing this release I acknowledge and represent that I am the parent or legal guardian of the named minor, have read and understand this Agreement and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

Name of Minor: _____ Date: _____
 Parent/Guardian Signature: _____ Emergency #: _____

2026

TONY ERSLAND WRESTLING CAMPS

WOMEN'S CAMP: JUNE 7-10
INTENSIVE CAMP: JUNE 9-14
TEAM CAMP: JUNE 11-14
GENERAL TECHNIQUE CAMP: JUNE 15-18
TAKEDOWN CAMP: JUNE 18-21

PURDUE UNIVERSITY
LAMBERT FIELDHOUSE, WEST LAFAYETTE, IN



Tony Ersland Wrestling Camps are open to any and all entrants limited only by number, age, grade level and/or gender.

CAMP DESCRIPTIONS

Women's Camp

Our four-day women's camp will focus on fundamental drills and techniques from all positions, in addition to members of the Purdue Wrestling staff and roster.

A six-day, high-intensity camp for wrestlers looking to take on a serious jump in competition.

Each day will feature four sessions, including technique, training, classroom sessions and dual competition. Campers will receive extra individual instruction, above and beyond our other camps,

in addition to an exclusive camp gift.

Team Camp

Teams will compete in four days of duals, in addition to technique and development sessions with the Purdue staff. Wrestlers will get 3-4 matches per day, and be assigned a team leader from the

Purdue wrestling roster, who will assist each group with motivating, encouraging, counseling and

instructing the wrestlers and staff throughout the week.

General Technique Camp

Our four-day Technique Camp focuses on fundamental drills and techniques from all positions to help you improve your skill set. You'll receive detailed instruction on current setups, takedowns,

escapes, breakdowns and pinning combinations.

TakeDown Camp

Wrestlers focus on gaining a better understanding of positions, setups, counter offense, hand fighting and multiple attacks. You'll learn these techniques through drilling and live wrestling while

learning how to compete at a high level.

WHAT TO BRING

- Workout gear
- Wrestling shoes
- Running shoes
- Towels
- Pillow
- Extra money for snacks and/or souvenirs

Please note that laundry facilities are not available to campers.

Tony Ersland Wrestling Camps LLC is not responsible for any lost or stolen personal items. It is advised to leave your valuables at home.

ACCOMADATIONS

Resident campers will stay in Cary Quad dormitories, located across the street from Lambert Fieldhouses, where all camp sessions will be run. Camp meals will be served at Ford Dining Court, located just west of Cary Quad, meaning all camp sponsored activities will occur in a one-block radius of campus.

ROOMMATE REQUESTS

Roommates will be assigned by age and year in school. Roommate requests can be made when

registering for camp. We will make every attempt to meet requests.

CHECK IN / CHECK OUT

Camp Check-in will occur from 3-5 pm (ET) on the first day of camp, in Lambert Fieldhouse. Campers

will receive their room keys, dorm access cards and dining cards. There will be a fee for lost keys

and/or keycards.

Campers will checkout starting at 11 am on the final day of each camp, again in Lambert Fieldhouse.

MEDICATIONS, INJURIES & SKIN CONDITIONS

All skin conditions and existing injuries must be disclosed at, or before, registration for camp. All cases will be reviewed by camp sports medicine employees before campers will be allowed to participate in sessions. Failure to disclose before the start of camp can result in dismissal from camp. Camp staff will not handle or hold individual camper medications without prior notice and approval. Please contact us prior to the start of camp if you do not want your camper handling their own medication.

RULES

Campers must abide by the rules and regulations of Tony Ersland Wrestling Camps. Campers are required to attend all sessions and activities. Any serious violations damage to Purdue University Camp Property, or other behavior deemed detrimental to the group will result in immediate dismissal. There will be no refund or fees upon expulsion, injury, "No Shows" or voluntary withdraw of camps.

WAIVER, RELEASE & HOLD HARMLESS AGREEMENT

In consideration of permission granted by Purdue University allowing me to participate in TONY ERSLAND WRESTLING CAMPS, which will occur between Jun 3 9-21, 2026, I (together with my parent or guardian, if I am under the age of eighteen (18) or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, and other harm could occur to me or others. I accept and voluntarily incur, and assume all risks of any injuries, damages, or harm that arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Purdue University. The Trustees of Purdue University, and/or its or its other departments, trustees, affiliates, employees, officers, agents or insurers ("Released Parties"), specifically understand and acknowledge the following with regard to the novel coronavirus, COVID-19:

- COVID-19 has been declared a worldwide pandemic by the World Health Organization;
- COVID-19 is an infectious virus that is extremely contagious and spreads easily through person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air;
- Those infected with COVID-19 may show no symptoms and still spread the disease, including through interpersonal communications and sharing spaces with others;
- The exact methods of spread of COVID-19 and contraction are unknown, and there is no known treatment, cure or vaccine;
- COVID-19 can cause serious and potentially life threatening illness and even death.

f. Based on guidance from public health authorities, Purdue University has issued, and the Released Parties are implementing, regulations and protocols to be followed by those who access property or facilities owned or managed by the Released Parties, and those who are not necessarily limited to: maintaining a safe personal distance of at least six feet between other people, wearing face coverings when this distance cannot be maintained, and frequently washing hands and surfaces;

g. Released Parties in no way warrant that the foregoing regulations and protocols or any other protective measures prescribed as a condition to my engaging in Activity will completely prevent exposure to the COVID-19 virus; and

h. My participation in Activity or accessing property or facilities owned or managed by Released Parties could increase my risk of contracting COVID-19.

3. In participating in the Activity, I agree to follow all Purdue University regulations and protocols and all public health and safety guidelines, fully recognizing that Released Parties cannot protect me from becoming exposed to, contracting, or spreading COVID-19 while I do so.

4. Notwithstanding the foregoing, I hereby choose to accept, and freely and voluntarily assume, the risk of being exposed to, contracting and/or spreading COVID-19 in order to participate in the Activity.

5. I waive all claims against any of the Released Parties for any injuries, illness, damages, liabilities or losses, whether known or unknown, foreseen or unforeseen, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims. I understand the means I give up my right to bring any such claims against the Released Parties.

6. I agree to indemnify and hold the Released Parties harmless from and against any and all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses that arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.

7. I hereby grant permission to Purdue University and any other organization associated with Purdue University to use, for any legitimate purpose, including future advertising of the Activity on the Purdue website, or in other promotional materials, my name and likeness to the extent it may appear in any photographs or records of the Activity.

8. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement, which is governed by Indiana law, I understand it fully and I execute it voluntarily. I further acknowledge that any dispute or claim related to the subject matter hereof would be subject to the sole and exclusive jurisdiction of courts of competent authority located in Tippecanoe county, Indiana, with such courts to be the sole and exclusive venue for any such action.

PUBLICITY RELEASE

I, _____ am the parent or legal guardian of a minor. I give Tony Ersland Wrestling Camps ("Camp"), permission to use my the minor's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, and the like, taken or made on behalf of the Camp, including the entire copyright, and may use them for any purpose consistent with the Camp's mission. These uses include, but are not limited to, illustrations, exhibitions, reproductions, publications, advertisements, and any promotional or educational materials in any medium known or later developed, including the internet. I acknowledge that I will not receive any compensation, etc., for the use of the minor's likeness, and hereby release the Camp, Purdue University and any of their respective agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

I give my consent to the Camp to use my minor child's name and likeness to promote the Camp and its mission.

Date: _____

Signature: _____

Date: _____

Signature: _____