



June, 2011

Warhawk Summer Wrestling Camper:

The 2011 Rookie Premier Wrestling Camp at UW Whitewater is right around the corner. Our staff is very excited to be working with you this summer. We are confident that the techniques and style of wrestling that we teach will lead to many more victories for you next season. I want to give you as much information about the camp as I can.

The final registration and check in times are as follows

**Warhawk Premier Rookie Camp July 5—Arey Hall 9am**

When you arrive at Arey Hall please bring Health History Questionnaire/ Consent Form, any medications, and final payment of all camp fees. The Health History form is required to participate in the Warhawk Premier Rookie Wrestling Camp.

The first session will begin with a meeting at 10am in the wrestling room. I have included a tentative schedule for the three days of Rookie camp! We will have great clinicians and coaches affiliated with TEACHING youth how to wrestle.

The residence hall for the Rookie Camp will be Arey Hall for the campers that are going to be residents. Commuters will need to arrive at the campus by the 1<sup>st</sup> session from Tuesday through Thursday. Meals will include lunch and dinner for commuters and all meals for residents.

Please call me with any questions about the upcoming Warhawk Rookie Premier Camp at 262-472-1867 or call the camp office at 262-472-3165.

Keep Going!!

A handwritten signature in black ink that reads 'Tim Fader'.

Tim Fader  
UW Whitewater Wrestling Coach



**CONTINUING EDUCATION SERVICES**

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790  
Phone 262-472-3165 • FAX 262-472-5241 • E-mail [cesevents@uww.edu](mailto:cesevents@uww.edu)



May, 2011

Dear Parents:

Thank you for permitting your child the opportunity to attend the 2011 Warhawk Premier Rookie Wrestling camp at UW Whitewater. Here is some information for the upcoming camp July 5-7th.

**STAFF:** The staff of instructors has been personally selected by our coaching staff. These men are current wrestlers or staff members for the UW Whitewater Warhawk Wrestling team--and your child will benefit greatly from the time spent with them at camp. We will provide supervision in all activities. Your child will train with 3 other kids from the camp with one of our staff as their personal counselor. The 4-1 ratio is extremely useful for retention and hands on learning.

Included in the staff are:

UW Whitewater Assistant Coach Matt Zwaschka  
UW Whitewater Assistant Coach Brandon Bradley  
US National Champion Russ Davie  
UW Whitewater All American Pat Nagel  
3X UW Whitewater All American Austin Bautista

**HOUSING:** The campers will be housed in Arey Hall and the staff will be supervising there as well. All campers will have roommates in the hall.

**HEALTH SERVICE:** Should your child require medical attention, an assessment will be made by the camp health supervisor and appropriate measures will be taken. Be sure to bring the enclosed Health History Questionnaire/Consent Form. Your child will not be allowed to participate in camp activities without this form.

**INSURANCE:** Insurance coverage is included in your registration fee and will cover you ONLY WHILE YOU ARE ON CAMPUS AND FOR CAMP RELATED ACTIVITIES. If you are a commuter, you are not covered while traveling to and from camp.

**FOOD SERVICE:** During the camp, your child will receive three well balanced meals per day. Commuters will receive a lunch and dinner meal pass. All campers will have a meal card and these should not be lost as there is a replacement cost involved.

**ACTIVITIES:** We will have three techniques sessions on each day of the camp. The evening session will include review and wrestling in situations related to the day's instruction. The pool will be available each afternoon and evening and commuters are more than welcome to stay for swimming. If you commute, you can easily expect your child to be at the camp from 8:30am until 9:30pm.

**DISCIPLINE:** Our camp is designed for young wrestlers to appreciate the best that our sport has to offer. They will have one on one involvement with our staff. It is our desire that the camp is both educational and enjoyable. However, if it is necessary, misbehavior and misconduct will result in discipline—we will send campers home if needed.

Thanks for the opportunity you have given us to work with your child—please don't hesitate to call with questions—262-472-1867.

Respectfully,

Tim Fader  
UW Whitewater Head Wrestling Coach



**CONTINUING EDUCATION SERVICES**

2005 Roseman Building • 800 West Main Street • Whitewater, WI 53190-1790  
Phone 262-472-3165 • FAX 262-472-5241 • E-mail [cesevents@uww.edu](mailto:cesevents@uww.edu)

### **Check in**

9am            Tuesday July 5            Arey Hall

### **Check out**

2pm            Thursday July 7            Williams Center

### **Emergency Telephone Numbers**

Should you need to contact your child at the Premier Camp please use the following numbers:

Summer Camp Office	262-472-3165	7am-4pm
Arey Hall Staff Room	262-472-2536	4:30 pm to 7 am (If no one answers, leave a message on the answering machine and your call will be returned by a camp staff member.)
Tim Fader	262-472-1867	office    608-385-4885 cell
Emergency Phone	262-472-4200	

We will need an emergency contact on your end on your Health Questionnaire.

### **What to bring**

Pillow & bed linens or sleeping bag

Swimming suit

Toiletries

Fan—Fischer is not air conditioned

Work out clothes/wrestling shoes/towels (enough to have clean gear each session—the dormitory has coin-operated laundry available.)

Running shoes as each morning will begin with a run

Notebook and pen to take camp notes

Money for anything additional—Pizza at night, Warhawk work-out gear etc...

**Warhawk Rookie Premier Camp July 5-7, 2011**

Zwaschka, Bradley, Warhawk Wrestlers—night session on July 6<sup>th</sup> by Troy Fabry

**July 5**

7am

8am

9am check in at Arey

10:30-12:30 Session I

1pm Lunch Fader

2:30-4:30 Session II

5pm dinner @ Esker

6:30-8:30 Session III

9:00 Pool

**July 6**

Coaches choice

Breakfast

9:30-10:30 Video

10:30-12:30 Session I

1 pm Fader

Session II

Dinner @ Esker

Session III Fabry

Pool

**July 7**

Coaches choice

Breakfast

9:30-10:30am

Session I

1pm Fader

check out 1-2pm

# HEALTH HISTORY QUESTIONNAIRE

Participant Name \_\_\_\_\_ Camp/Event \_\_\_\_\_ Camp Dates \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex ( ) M ( ) F D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address if different than participant's \_\_\_\_\_

Contact person in case of injury or illness. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL HISTORY

### Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dose 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Tetanus-Diphtheria

Year of initial series \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Year of last tetanus booster \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Has the participant ever had major surgery or been hospitalized? ( ) Yes ( ) No

Please explain any significant operations, accidents, or illness, and last medical attention and reason \_\_\_\_\_

Does the participant have any physical condition(s) requiring special considerations? Explain \_\_\_\_\_

Is participant taking medication? ( ) No ( ) Yes

If YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

- ( ) Penicillin \_\_\_\_\_
- ( ) Other Antibiotics \_\_\_\_\_
- ( ) Other Medicines (type) \_\_\_\_\_
- ( ) Insect Bites/Stings \_\_\_\_\_

Has participant had or is presently experiencing the following (check box if YES)?

- ( ) Allergies \_\_\_\_\_
- ( ) Asthma \_\_\_\_\_
- ( ) Bleeding Disorder \_\_\_\_\_
- ( ) Cancer \_\_\_\_\_
- ( ) Colitis \_\_\_\_\_
- ( ) Diabetes \_\_\_\_\_
- ( ) Epilepsy/Seizures/Blackouts \_\_\_\_\_
- ( ) Heart Disease \_\_\_\_\_
- ( ) Hernia \_\_\_\_\_
- ( ) Other \_\_\_\_\_
- ( ) High Blood Pressure \_\_\_\_\_
- ( ) Joint Injury/Surgery \_\_\_\_\_
- ( ) Kidney Disease \_\_\_\_\_
- ( ) Menstrual Difficulties \_\_\_\_\_
- ( ) Mental/Emotional Problems \_\_\_\_\_
- ( ) Neck/Back Pain/ Injury \_\_\_\_\_
- ( ) Rheumatic Fever \_\_\_\_\_
- ( ) Tuberculosis \_\_\_\_\_
- ( ) Ulcer \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
  - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
  - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
  - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_ PLEASE COMPLETE CONSENT FORM

## CONSENT FOR MEDICATION ADMINISTRATION

### PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ My son/daughter/ward has brought the following non-prescription medication to camp and will administer it him/herself. Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 \_\_\_\_\_ My son/daughter/ward has brought the following emergency medication (i.e., bee sting kit, inhaler) to camp and has our permission to self administer them. Please complete the following.

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

\_\_\_\_\_ My son/daughter/ward has brought the following prescription medication to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following: make copies of this form if needed):

Name of Medication 1 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. *Please complete the following:*

\_\_\_\_\_ No medication has been brought to camp.  
 \_\_\_\_\_ I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp:

Name of Medication(s) \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following:)

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 2 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Name of Medication 3 \_\_\_\_\_ Prescribing Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
 Amount to be taken \_\_\_\_\_ How is it taken? \_\_\_\_\_ Time(s) of day to be taken \_\_\_\_\_  
 Days to be taken \_\_\_\_\_ Special instructions \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

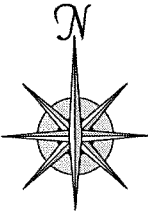
22  
LAWSON LOT

**OUTDOOR ATHLETIC COMPLEX**  
FOSTER TRACK  
PRUCHA BASEBALL DIAMOND  
VANSTEENDEREN SOFTBALL COMPLEX  
VARSITY SOCCER FIELD  
FOOTBALL PRACTICE FIELDS

PERKINS STADIUM

STADIUM ATHLETIC BUILDING

STUDENT ATHLETIC COMPLEX



UNIVERSITY OF WISCONSIN  
**WHITEWATER**  
STAY CLOSE. GO FAR.

UW-WHITEWATER  
NATURE PRESERVE, TRAILS  
& RECREATION AREA

24  
STADIUM LOT

PICNIC AREA

SCHWAGER DR

SCHWAGER DR

SCHWAGER DR

SCHWAGER DR

INTRAMURAL FIELDS

RUGBY FIELD

11  
WILLIAMS CENTER LOT

DAVID L. KAPHELDALK FIELDHOUSE  
WILLIAMS CENTER

18  
ESKER LOT

19  
TUTT-WELLERS LOT

ESKER DINING HALL  
POWER PLANT

TUTT HALL  
WELLERS HALL

KNILANS HALL  
WELLS RESIDENCE HALL

W. LAUDERDALE DR

17  
FISCHER LOT

CALVARY CEMETARY

LOT 4

8  
BIGELOW LOT

TENNIS COURTS

9  
WARHAWK DRIVE LOT

BIGELOW  
LEE  
CLEM  
FRICKER  
DRUMBLIN DINING HALL  
AREY  
BENSON

7  
STARIN ROAD LOT

VISITOR CENTER

FISCHER  
GODDIE  
MORaine BOOK STORE

15  
HC LOT  
HEALTH CENTER

STARIN PARK

W. STARIN RD

W. STARIN RD

STARIN HALL

WHITE HALL

HYLAND HALL

14  
STARIN-RAIRIE LOT

UPHAM HALL

LOT 3

CARLSON HALL

MCUTCHEAN

LITTLE RED SCHOOLHOUSE

LOG CABIN

OBSERVATORY

UNIVERSITY CENTER

ROSEMAN

WINTHER HALL

HEIDE HALL

2  
CARLSON LOT

RYAN YOUNG AUDITORIUM

ALUMNI CENTER

HYER HALL

MCGRAW HALL

12  
LIBRARY LOT

ANDERSEN LIBRARY

GREENHILL CENTER OF THE ARTS

CHOPP ARBORETUM

SALISBURY ARBORETUM

WYMAN MALL

WYMAN MALL

W. STARIN RD

W. FLORENCE STREET

W. FLORENCE STREET

US HWY 12

W MAIN STREET

N. TRAIL STREET

N. PRINCE STREET

N. PRAIRIE ST.

N. ESTERLY ST.

