



WHERE CHAMPIONS ARE BUILT!

CAMP REGISTRATION FORM

NAME _____

PARENT'S NAME _____

ADDRESS _____

TOWN _____

PHONE _____

E-MAIL _____

MEDICAL FORM

I hereby certify that child has no condition that prohibits his/her full participation in activities and/or classes at Olympic Wrestling club ("Club") and that he/she is physically fit to participate in all activities.

I understand and agree that upon submission of this application I shall assume all ordinary risks as well as the risk of bodily injury to my child, if applicable, in participation of all activities of the Club. I expressly wave any cause of action, claim, or lawsuit arising out of such activities or use of any equipment in the Club by my child and against the Club, it's agents, voluntary assistants or representatives in any capacity whatsoever. In case of any accident I give the Club, it's agents, and employees permission to contact and if necessary, obtain needed medical attention.

PARENT'S SIGNATURE

DATE