

Please Print & Mail Registration Form and Deposit To:
Washington Intensive Wrestling Camp
11109 Sunridge Court
Nine Mile Falls, WA 99026
REGISTRATION FORM

Registration form must be received with deposit prior to receiving confirmation letter. PLEASE PRINT CLEARLY

NAME: _____ WEIGHT: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

SCHOOL: _____ T-SHIRT SIZE: _____

PARENTS NAME: _____ HOME PHONE: _____

E-MAIL ADDRESS: (please print clearly) _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD W/ REGISTRATION FORM

PLEASE LIST ANY MEDICAL CONDITIONS: (INCLUDE ALLERGIES AND ANY MEDICATIONS PARTICIPANT WILL BE TAKING DURING CAMP)

PLEASE BE ADVISED: THERE WILL BE A THOROUGH SKIN CHECK AND WEIGH-IN AT THE TIME OF REGISTRATION
If your son has any signs of skin infection, he will not be allowed to wrestle, no exceptions.

ALTERNATIVE EMERGENCY CONTACT PERSON: _____

PHONE: _____

IF MAILING YOUR DEPOSIT SEPARATE FROM REGISTRATION FORM, PLEASE MAKE SURE YOUR PHONE NUMBER IS EITHER ON YOUR CHECK OR ON A SEPARATE PIECE OF PAPER WITH YOUR CHECK. PLEASE WRITE THE DATE YOU REGISTERED ON-LINE IN THE "FOR" SECTION OF YOUR CHECK.

IF YOUR REGISTRATION IS BEING COMPLETED AFTER JUNE 1ST, YOU MUST SEND A MONEY ORDER OR CASHIER'S CHECK FOR THE DEPOSIT. (NO PERSONAL CHECKS ACCEPTED AFTER JUNE 1ST, IT WILL BE SENT BACK)

I agree to allow my child to be treated by a licensed physician or registered nurse at the camp or licensed facility while attending the Washington Intensive Wrestling Camp if necessary and to assume all costs related to such treatment. I understand that there is no refund on the deposit if we (parent or child) should cancel the application. I have read and agree to all the terms associated with the camp flyer and information sheets. I hereby waive my right to any and all charge backs against the Washington Intensive camps as outlined in the agreement and furthermore agree to resolve any and all disputes that may arise over all matters directly related with Washington Intensive Camps, including, but not limited to: physical injuries, bacterial infections, skin infections etc. etc. I understand that the camper attending the Washington Intensive camp using any camp facilities does so at his/her own risk. The host school district, it's athletic department and staff or Washington Intensive are not liable for any damages arising from personal injury sustained by the camper during the camp session and so I hereby fully and forever exonerate and discharge the district, staff, Washington Intensive Camps, owners, employees and other agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the campers' participation in the camp session and in the use of the facilities.

I HAVE READ AND UNDERSTAND THE MEDICAL RELEASE AND I WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL OR OTHER CHARGES IN CONNECTION WITH MY CHILD'S ATTENDANCE AT THE WASHINGTON INTENSIVE.

PARENT OR GUARDIAN SIGNATURE: _____

(You will not be allowed to participate in camp unless this is signed by a parent or legal guardian)

Location: Lakeside High School, 5909 Highway 291, Nine Mile Falls, WA 99026(Please do not send registrations to this address-address at top of page only)

Please do not write below this line

Deposit Received _____ Date _____ Check # _____ Conf Sent _____