Camp Registration 2018

Wrestler’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing above, I give my child permission to participate in the Kentucky Stars Wrestling Academy Champ Camp. I understand that my child will participate in actives that may involve physical contact with the ground, mat, and other people. I hereby release the instructors, Kentucky Stars Wrestling Academy, school system and Christian County School Districts from any and all claims and/or financial responsibilities which my child may sustain at or traveling to and from the Kentucky Stars Wrestling Academy Champ Camp. In the event of an emergency in which my child requires medical attention I authorize staff to act for me to obtain whatever medical treatment the staff determines necessary. I further agree to be responsible for any medical and/or other charges in conjunction with his participation at the Kentucky Stars Wrestling Academy Champ Camp. If your child has any restrictions, physical limitations or impairments of which we need to be advised, please notify DeCoreus Leavell.