

CAMP FOR CHAMPS

REGISTRATION FORM

(Please Print)

Wrestlers First Name		Last Name	
Email		Weight	USA Wrestling Card No.
Birth date:	Age:	Years Wrestling	
Street address:		Wrestlers phone no.:	
P.O. box:	City:	State:	ZIP Code:
Parents Name		Parents Cell Phone Number	
How did you hear about our camp? _____			

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ()	Work phone no.: ()
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PARTICIPANTS WAIVER AND RELEASE

In consideration of the undersigned wrestler ("Participant") being allowed to participate in Camp for Champs said Participant and his/her legal parent(s) and/or legal guardian(s), for themselves and each of their heirs, personal representatives and assigns, to the fullest extent lawfully permitted, release, discharge and covenant not to sue Carr Wrestling Academy LLC, the Federation or its affiliated clubs, and their respective officers, administrators, coaches, sponsors, sponsoring agencies and advertisers, or the owners and lessors of premises in which such events occur, with respect to any and all claims, damages, or other liabilities arising out of the Participant's injury or death occurring during the Camp for Champ, whether in the course of training. The undersigned hereby acknowledge having adequate health insurance necessary to provide and pay for any medical costs that directly or indirectly result from any and all participation in this activity. **Each of the undersigned acknowledges the sport of wrestling involves severe physical exertion and intense stress which can result in serious injury or in some rare circumstances, death; he/she agrees to assume the risks of such consequences. This Waiver and Release is freely and voluntarily given with full understanding of the inherent risks of participating in Camp for Champs.**

Patient/Guardian signature

Date