

**UNION COUNTY'S THOROUGHBRED WRESTLING CAMPS
2014 REGISTRATION FORM**

CAMPER INFO

Name _____ Phone Number _____

Male ☐ Female ☐

Address _____

City _____ State _____ Zip _____

E-mail _____ Date of Birth _____

Grade in 2013-2014 _____ School _____

Coach _____

You may send a check or cash when you mail this form or you may pay at the time of registration, which will be 45 minutes before the start of the first day of the Thoroughbred Camp

INDEMNIFICATION BY PARENTS OR GUARDIAN OF APPLICANT

The undersigned parent or guardian of (student's name) the applicant for and in consideration of Union County's Wrestling Camps accepting said applicant, hereby agrees to save and indemnify, and keep harmless the said Union County's Wrestling Camps, its agents, and sponsors, against any and all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from Union County's Wrestling Camp sites and during the stay at the school and on school grounds, or while wrestling or taking instruction in wrestling.

Signature of Parent or Guardian

Date

MEDICAL TREATMENT AUTHORIZATION

I approve of my son's/daughter's attendance at wrestling camp and certify that he/she is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care.

Signature of Parent or Guardian

Date

Are you or your dependents entitled to benefits under any employer, union, group plan, group Blue Cross, Blue Shield, Medicare, Medicaid or any other governmental program?

☐ No ☐ Yes - If yes, please complete the following:

Employer or sponsoring organization: _____

Insurance Company _____

Policy No. _____

Address: _____

City _____

State _____ Zip _____

Send registration form/payment to:

Union County High School
ATTN: WRESTLING CAMP
4464 US 60 W
Morganfield, KY 42437