DE-RTC Wrestling Complex

733 9th St., Benton City, WA 99320

DE-RTC

CAMP REGISTRATION FORM

NAME _____ AGE _____

SCHOOL _____ GRADE _____ DATE OF BIRTH _____

ADDRESS _____

STATE _____ ZIP _____ PHONE _____

EMERGENCY CONTACT _____

_____

_____

USA OR NUWAY NUMBERS _____

I hereby register my child for the DE-RTC and authorize the camp staff to direct his/her participation in the wrestling camp activities. My child has no medical or emotional problems which may affect his/her ability to participate safely in this program. The staff is authorized to attend to any health problem or injury my child may incur while attending wrestling camp, including emergency treatment.
I understand that my child must have current medical insurance before participating in this wrestling camp. I understand that if I withdraw my child from the wrestling camp for any reason the camp fee is nonrefundable. Neither I nor my child will hold the DE-RTC, Damaged Ear Wrestling Supply, Scott or Kajsa Kearney liable for any injuries or expenses relating to injuries that might be incurred while on the premises or participating in the DE-RTC clubs, camps and private/public events.

_____DATE_____

PARENT/GUARDIAN SIGNATURE

_____DATE_____

ATHLETE SIGNATURE