

ATHLETE SIGNATURE

DE Wrestling Complex 733 9th St., Benton City, WA 99320

TECH FALL WRESTLING CAMP

CAMP REGISTRATION FORM

NAME			AGE
SCHOOL		GRADE	DATE OF BIRTH
ADDRESS			
STATE	ZIP	PHONE	
EMERGENCY CONTACT			
USA OR NUWAY NUMBER	S		
	φ120 - r	Full Camp Pa	188
activities. My child has no medica staff is authorized to attend to an treatment. I understand that my o that if I withdraw my child from the her gear. Neither I nor my child w	al or emotional probler y health problem or in child must have curren he wrestling camp for ill hold the DE Wrestlir	ms which may affect his/her ability njury my child may incur while atte nt medical insurance before partici any reason the club fee is nonrefu	nis/her participation in the wrestling club to participate safely in this program. The ending wrestling club, including emergency pating in this wrestling club. I understand endable and my child will not receive his / supply liable for any injuries or expenses wrestling club.
•	•	es are intended for subscribers ove er month for one year. Message ar	er the age of 13 and are delivered via USA and data rates may apply.
Sprint, Virgin Mobile USA, Cincinr	nati Bell, Centennial Wi	ireless, Unicel, U.S. Cellular®, and Bo	ding AT&T, Verizon Wireless, T-Mobile®, post. For help, text HELP to 55000, email any time by text messaging STOP to short
		DATE	_
PARENT/GUARDIAN SIGNATU	JRE		
		DATE	