



SUMMERVILLE WRESTLING CAMP

REGISTRATION FORM

June 28-30, 2011

4:00-7:00 PM

SHS MINI GYM

Name

Address

City/State/Zip

Home Phone

Age

Grade

Weight

Years' Experience

T-Shirt Size: S M L XL XXL

\$75 registration fee per wrestler. If more than one child from the same family attends, it will be an additional \$50 per child.

Please make checks payable to:

Summerville Wrestling Club

Mail registration form and fee to:

Coach Darryl Tucker

212 Beaufort Street

Summerville, SC 29483

You can also register June 28th at the SHS mini-gym lobby beginning at 3:30pm.

MEDICAL INSURANCE INFORMATION

TO BE COMPLETED BY PARENT OR GUARDIAN:

INSURANCE COMPANY NAME

POLICY NUMBER

I approve of my child's participation in the Summerville Wrestling Camp and certify that he/she is in good health. If medical attention is required for injury during camp, I grant permission for necessary care to be rendered. I hereby recognize and understand that the coaches and/or clinicians are not responsible for any injury of any kind that may occur on the way to, during, or after the way home from the summer wrestling camp sponsored by Summerville High School.

AUTHORIZATION FOR EMERGENCY SERVICES:

I do hereby voluntarily consent to examination and emergency services deemed necessary. I certify that I have read and fully understand the consent given herein; I also certify that no guarantee or assurance has been made as to the result that may be obtained. I, the undersigned, intend to be legally bound hereby.

Authorized Signature

Relationship

Date