

OUACHITA WRESTLING CLUB

CAMP REGISTRATION

CAMPER NAME: _____

CAMPER BIRTHDATE (MM/DD/YY): _____ GRADE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL: _____ PARENT / GAURDIAN Name _____

BEST PHONE NUMBER: _____ 2ND BEST NUMBER _____

ADDITIONAL EMERGENCY CONTACTS:

NAME: _____ NUMBER _____

NAME: _____ NUMBER _____

T – SHIRT SIZE (CIRCLE) Adult – SM, MED, LRG, XLRG, 2XLRG, 3XLRG

YOUTH –SM, MED, LRG, XLARG

100.00 Deposit due with every completed application

Deadline is Friday June 15th, 2018 – to recieve t-shirt

Walk ups allowed – can't guarantee t-shirt

Mail Application and Check – Payable to Ouachita Wrestling Club

410 Ouachita St., PO Box 3732, Arkadelphia, AR 71998

Statement of Disclaimer

I, the undersigned, hereby certify that I am the parent and or legal guardian of the camper on this application. I hereby grant permission for him or her to participate in the OWC wrestling camp and acknowledge the fact her or she is physically capable to participate in all camp activities. I hereby release the camp, institution, coaches, and clinicians from all claims of injury and illness which may be sustained by my camper. I authorize the director of his designee to select medical facilities / or physician of choice to administer treatment to my camper in such emergency situations.

Camp Schedule:

Wednesday June 20th 2018

8:30 am	camper's registration
9:30 am	1 st Techniques Session
12:30 am	Lunch
1:30 pm – 4:00 pm	2 nd Technique Session
5:00 pm	Dinner
6:30 pm – 8:00 pm	Live Wrestling
9:00 pm	Meeting - Entertainment
10:00 pm	Lights Out

Camp Schedule:

Thursday June 21st 2018

7:30 am	Wake up - Breakfast
9:00 am	1st Techniques Session
12:30 am	Lunch
1:30 pm – 4:00 pm	2nd Technique Session
5:00 pm	Dinner
6:30 pm – 8:00 pm	Live Wrestling

Camp Schedule:

Friday June 22nd 2018

7:30 am	Wake up - Breakfast
9:00 am	1st Techniques Session
12:30 am	Lunch
1:00 pm – 3:00 pm	2nd Technique Session
3:00 pm	Campers Pick up

I hereby, as parent and / or guardian of the above camper have read the disclaimer and waive all responsibility of the camp organizer, clinicians, institution, or Ouachita Wrestling Club of all liabilities:

Name _____ (please sign) _____ Date _____