

FULLERTON WRESTLING CAMP



FULLERTON WRESTLING CAMP APPLICATION

PLEASE FILL ALL SPACES AND MAIL \$150 DEPOSIT (Deposit is used towards tuition)

Name _____ Birth Date _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

HM# () _____ Bus# () _____ Cell # () _____

2010-2011 Grade _____ Wt. _____ School _____ Coach _____

Fill in if needed:

Shuttle from Airport: John Wayne or Ontario E-mail address: _____
Circle one (\$25 fee) (Needed for camp confirmation)

Will send confirmation via mail if no e-mail address

HOLD HARMLESS AGREEMENT

I agree to hold harmless Fullerton Wrestling Camp, Inc. and all of their employees, officers and agents in the event of an injury occurring to my son, who will participate in a program of skills, instruction, and evaluation in the sport of wrestling during the period from July 25th - July 29th, 2010 on the campus of Chapman University and Orange High School.

I recognize that participation in this activity has a certain amount of risk and that an injury is always possible. Injuries may include cuts, fractures, and abrasions. I certify that my son is, to the best of my knowledge, physically able to participate in this activity.

I assume full financial responsibility for medical expenses arising out of such injury above any insurance provided by the program. I hereby authorize the camp director to act for me according to his best judgement in any emergency medical situation.

Print Parent's or Guardians Name

Parent or Guardian's Signature

Camper's health insurance is, Carrier

I.D. # if Applicable

Make your check payable and forward to:

Fullerton Wrestling Camp

P.O. Box 891918

Temecula, CA 92589-1918

Camp Directors 1-800-643-7842

Check appropriate box

Commuter Camp \$250

Overnight Camp \$400

Or Charge my

Visa Mastercard Discover

(\$10 Processing Fee)

Account # _____

Exp. Date: _____ / _____

Signature _____