

Wrestling Camp Application

Name _____

Address _____

City _____

State _____ Zip _____

Phone (____) _____

Email _____

School _____

Grade Next Fall _____

Age _____ Weight _____

Resident _____ Commuter _____

Parent/Guardian

Roommate Preference

T-Shirt Size (men's sizes)

[] [] [] [] [] []
XL L M S YL YM

Parental Authorization

I, the parent/legal guardian of the below named applicant, hereby authorize the MVC Wrestling Camp or its agents, representative or designee to procure, obtain and/or provide medical care or treatment, including the selection of the hospital, physician or medical facility for the below named applicant in the event of a medical emergency or if non-emergency treatment is required and I cannot be reached to provide consent.

I agree that I and not the MVC Wrestling Camp shall be financially responsible for any and all medical bills or costs incurred as a result of injury, illness or accident while the below named applicant is attending a MVC Wrestling Camp event.

In consideration for the MVC Wrestling Camp accepting the below named applicant's application for enrollment, I hereby release the MVC Wrestling Camp, and their employees, representatives, or agents from all claims resulting or arising from any illness, injury, accident or disease sustained by the event or while attending a MVC Wrestling Camp event.

I agree and consent to the enforcement of event and site rules and regulations. I understand that should the below named applicant fail to abide by any written or oral rule, regulation or policy of a Missouri Valley College Wrestling Camp event, the event site or any law, the applicant may be subject to disciplinary action, including dismissal from the event, and that I shall not be entitled to any reimbursement or recourse

Date _____

Applicants Signature _____

Parent/Guardian
Signature _____

Parent/Guardian
Work phone _____
Home phone _____

Parent's Cell Phone _____