**2024 WRESTLE THE WORLD TRAINING CAMP REGISTRATION FORM**

**June 3 – June 7, 2024**

**\*Camp Fee $250.00 per athlete**

**(\*$50.00 deposit per athlete *required* to guarantee spot *or* may be paid in full upon sending registration form)**

**MAIL REGISTRATION AND PAYMENT TO**: Wrestle the World, PO Box 1735, Pagosa Springs, Colorado, 81147

970-264-4554 email: [djanowsky@hotmail.com](mailto:djanowsky@hotmail.com)

\*1 Coach free per 5 wrestlers (otherwise $75.00 per Coach)

Wrestler Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Grade Next Year: \_\_\_\_\_Age at Camp: \_\_\_\_\_\_Current Weight: \_\_\_\_\_\_\_\_\_\_

T-Shirt Size (Circle One): YM YL S M L XL XXL

**School Attending camp with** (or independent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coach Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_Coach **Phone**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information (REQUIRED):**

Accident & Medical Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Party responsible for payment, in case of injury etc .(please circle): Parents, student, or insurance

This is the application for enrollment of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**athlete name**) in the Wrestle the World Training Camp on the above dates. I grant permission to the camp director, assistant or assigned chaperons of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary by a licensed physician, such as X-ray exams and anesthesia to be rendered to said minor. In addition, I hereby release Wrestle the World Training Camps and all its employees from all claims of any injuries that may be sustained by my minor while attending Wrestle the World Training Camps. I also agree to indemnify Wrestle the World Training Camps and its employees for any claim, which may hereafter be presented as a result of any such injuries. I also grant permission for Wrestle the World Training Camps to use photos of my minor for publicity, advertising or other commercial purposes. This camp admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin or sexual orientation.

I **HEREBY CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION**

**PARENT/GUARDIAN SIGNATURE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic Reaction to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medications Taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL PERSONNEL ONLY BELOW THIS LINE (\*The Doctor’s signature may be submitted by sending a copy of the camper’s physical form which is not more than one year old.)**

I hereby certify that (athlete name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is physically fit to participate in an active wrestling program and that I know of no physical impairments which would in any manner limit his participation in such program.

**\*Doctor Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Signed**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Information Call 970/264-4554, Send Payment to: Wrestle the World Training Camps**

**PO Box 1735, Pagosa Springs, CO 81147**