

National Champ Camp Registration

NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

EMAIL: _____

SCHOOL: _____

CAMP LOCATION (CIRCLE ONE): LAKEWOOD BREA ROYAL CANYON FOUNTAIN VALLEY

T SHIRT SIZE (CIRCLE ONE): S M L XL XXL XXXL

*******ALL WRESTLERS MUST HAVE INSURANCE*******

INSURANCE COMPANY: _____

POLICY NUMBER: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

CELL: _____

EMERGENCY CONTACT: _____

PHONE NUMBER: _____

CELL: _____

HOLD HARMLESS AGREEMENT

I/We hereby agree to hold harmless the National Champ Camp, its staff, Lakewood High School, The Long Beach Unified School District, Brea Olinda High School, The Brea Olinda Unified School District, Royal High School, The Simi Valley Unified School District, Fountain Valley High School, the Fontain Valley Unified School District, Canyon High School, the Orange Unified School District in the event of injury both now and in the future as a result of participation in this camp. I certify that my child is in good physical health and has had a physical examination in the past year. I understand that wrestling is a contact sport that can cause injury, paralysis, or death and I accept all responsibility for medical treatment and payment both now and in the future. I authorize the National Champ Camp Staff to act on my behalf in the event of a medical emergency if I cannot be contacted and agree to pay for all medical bills now and in the future as a result of any injury sustained in the participation at this camp. I give my child permission to participate in the National Champ Camp.

Parent/Guardian: _____

Signature: _____

COST: \$200

Mail with Check made payable to National Champ Camp to:
National Champ Camp
538 Shoshoni
Placentia, CA 92870

714-420-8294