

National Champ Camp Registration

NAME: _____

ADDRESS: _____

CITY: _____

ZIP: _____

EMAIL: _____

SCHOOL: _____

CAMP LOCATION (CIRCLE ONE): ROYAL CANYON

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, Royal High School, The Simi Valley Unified School District and/or 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: Canyon HS \$125. Royal HS \$150.

Mail with Check made payable to National Champ Camp to:

National Champ Camp

538 Shoshoni

Placentia, CA 92870

714-420-8294