



REZ WRESTLING CLUB PRESENTS:
Ken Chertow Wrestling Camps



Name _____ Wrestling E-mail _____ Male/Female _____

Address _____ City _____

State _____ Zip _____ Home Phone(____) _____ Cell Phone(____) _____

Parent Name _____ E-mail (Required) _____

Grade _____ Birth Date _____ Weight _____ Years Experienced _____

School _____ Coach _____ Coach E-mail _____

Attending as an __ Individual or __ Team? Team Name _____

MEDICAL HISTORY

Please describe your wrestler's current physical condition and provide any medical information, such as past injuries, medication currently taking and any ongoing medical conditions (i.e. asthma, allergies)

Insurance Name: _____ Policy # _____

Emergency Contact: _____ Contact Phone: _____

I hereby authorize the representatives of Rez Wrestling Club/Ken Chertow or volunteers, to take any emergency medical steps they deem necessary, to include but not limited to, the calling of emergency services, or the authorization of emergency care, in consultation of a licensed medical physician. I also recognize that there are inherent risks in the sport of wrestling and accept such risks in allowing my child to participate. I further acknowledge Rez Wrestling Club/Ken Chertow or volunteers is a youth club organization and I agree to any liability.

FINANCIAL RESPONSIBILITY AND MEDICAL CARE:

Participant agreed that financial responsibility for securing care of athletic injuries is a matter between the parent(s)/legal guardian(s) and the health care provider. Rez Wrestling Club will not pay health care providers for the treatment of any wrestler.

AKNOWLEDGE OF INJURY RISK:

We the parent(s)/legal guardian(s) and the student-athlete are aware that preparation for and participation in athletics involves a risk of serious and permanent Injury to the student-athlete. We understand and acknowledge the danger of these severe injuries as inherent in physical -activity.

Application submitted via Visa card will be charged in full. All sales are final. No monetary refunds. Signature below is authorization for use of card and agreement to the refund policy. \$50.00 before 2/25 \$55 the day of event.

Visa Card Number _____ Expiration _____ 3 Digit Verification _____

I have read and agree to the above.

Parent/Guardian signature _____ **Date** _____

Amount Paid: _____ Check _____ Money Order