

# Phoenix, Arizona Will 2 Win Wrestling Camp Registration Form

This registration form must be returned with FULL registration fee prior to receiving your confirmation letter. Make Money Orders/cashiers checks Payable to: Michael Bostwick. Send to: Will 2 Win Wrestling LLC, Attn: Michael Bostwick, 5103 N. 191<sup>st</sup> Dr, Litchfield Park, AZ 85340

Name of Parent/Guardian: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address of Camper: \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Age (must be over 10 years old) \_\_\_\_\_

Grade: \_\_\_\_\_ Years of Wrestling Experience: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Policy #: \_\_\_\_\_ Group # (if applicable): \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Please attach a copy of your medical insurance card.

Please list any pre-existing medical conditions, including allergies, as well as medications the camper will be taking during the camp.

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I agree to allow my child to be treated by a licensed physician or registered nurse at the camp or licensed facility, if need be while attending the Will 2 Win Wrestling Camp and to assume all costs related to such treatment. I understand that there is no refund on the registration fee if we (parent or child) should cancel the application at any time. I have read and agree to the terms associated with the camp flyer and information sheets. I hereby waive my right to any and all chargebacks against the Will 2 Win Wrestling Camp as outlined in the agreement. I understand that the camper attending the Will 2 Win Camp using any camp facilities, does so at his/her own risk. The host school district, its athletic department and staff are not liable for any damages arising from personal injury sustained by the camper during the camp session and so I hereby fully and forever exonerate and discharge the school district, staff, Sandra Day O'Connor High School, employees and other agents from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the camper's participation in the camp session and in the use of facilities.

**I have read and understand the medical and liability release and I will be responsible for any medical or other charges in connection with my child's attendance at the Will 2 Win Wrestling Camp.**

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_