



CAMEL KIDS WRESTLING CLUB ATHLETE APPLICATION

ATHLETE NAME:	DATE OF BIRTH:
MAILING ADDRESS:	SHIRT SIZE: YOUTH S M L XL ADULT S M L XL
STREET ADDRESS :	
PARENTS NAME:	
HOME TELEPHONE:	
MOM CELL PHONE:	DAD CELL PHONE:
EMERGENCY CONTACT INFORMATION:	
NAME:	
STREET ADDRESS :	
PHONE NUMBER:	
RELATIONSHIP:	
I WILL BE AVAILABLE TO VOLUNTEER FOR: <input type="radio"/> COACHING <input type="radio"/> MAT OFFICIAL <input type="radio"/> PAIRER <input type="radio"/> TABLE HELP <input type="radio"/> OTHER : _____	

AGREEMENT AND SIGNATURE:

By submitting this application, I affirm that I will not hold Camel Kids Wrestling Club or anyone affiliated with Camel Kids Wrestling Club responsible for any damages that I may incur. I understand that wrestling is a contact sport and that injuries can and do occur in the sport. I understand that my insurance carrier is the primary carrier and that insurance provided by USA Wrestling or AAU Wrestling is a secondary insurance. I also understand that Camel Kids Wrestling Club is a parent run youth organization and that there are no guarantees associated with Camel Kids Wrestling Club.

PRINTED NAME: _____

SIGNATURE _____ **DATE :** _____

OUR POLICY:

It is the policy of Camel Kids Wrestling Club to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

FEE: _____ **CASH:** _____ **CHECK # :** _____