2011 Rock Canyon High School Pre-Season Wrestling Camp Registration

Please Print. Do not include more than one participant per registration form; use blank form to make copies for additional participants.
Please mail or bring in registration forms and checks to the Athletic Office, or the Camp Instructor.

Student's Name_____Age_____

Parent\Guardian's Name_____

Address_____
Street City Zip code

Phone Number_____ Work Number_____

School student now attends_____ Grade (as of 2011-2012 School Yr.)_____

Emergency Information: If we cannot contact parents, call:
Name_____Phone_____

Relationship_____

Family Doctor_____Phone _____

I/we (print parents names)_____ in return for my child's opportunity to participate in the 2011 Rock Canyon HS Pre-Season Wrestling Camp do hereby exempt and release the Douglas County School District, its directors, officers, employees, and agents from any and all liability, claims, demands or actions whatsoever arising out of any damage, loss or injury that my child or I/we might sustain while my child is participating in the 2011 Rock Canyon HS Pre-Season Wrestling Camp, whether or not such damage, loss or injury results from the negligence of Douglas County School District, its directors, officers, employees, volunteers or agents or any defective equipment. I/we understand that if I/we do not sign this release, then my child will not be permitted to participate in the 2011 Rock Canyon HS Pre-Season Wrestling Camp. I/we hereby represent that I am/we are 18 years of age or older, and that I am/we are the parent(s)/guardian(s) of (insert child's name here) _____. I/we further acknowledge that no representation or promises by Douglas County School District representatives have been made in induce me to sign this release.

X _____ _____
Signature of Student Date

X _____ _____
Signature of Parent or Guardian Date

CAMP ACTIVITIES INSURANCE WAIVER
I fully understand the Douglas County School District Re. 1 does not provide health or life insurance coverage for the above named student while he/she is participating in camp activities. I/We further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____ _____
Signature of Parent or Guardian Date

Camp Title	*Date/Time of Camp*	*Cost of Camp*
Pre-Season Wrestling Camp	November 7-11, 2011 3:00pm-4:30pm	$0.00 (no cost)