

WRESTLING TEAM CAMP REGISTRATION FORM

Team Camp I: July 7-10, 2010 • Registration due by June 23, 2010

Team Camp II: July 18-21, 2010 • Registration due by July 7, 2010

Return this completed form to your team coach or representative

Name _____

Street _____

City _____ State _____ ZIP _____

Phone (____) _____ Camper's Cell Phone (____) _____ Camper's E-mail _____

Parent(s) Name _____ Parent's Cell Phone (____) _____ Parent's E-mail _____

Grade next fall _____ School _____

Birth Date _____ Age _____ Height _____ Weight _____

State tournament honors _____

2009-2010 season record _____

Roommate preference (one name only) _____

Adult T-shirt size: S M L XL XXL OR Youth Size 8-10 12-14 16-18 (Please circle correct size.)

Team Camp I

\$270.00

\$240.00

\$180.00

PLEASE CHECK CAMP CHOICE

Full Resident (all meals, housing, materials;
7th grade and older only)

Day Camper (lunch and dinner meals, materials)

Commuter (materials only)

Team Camp II

\$270.00

\$240.00

\$180.00

PLEASE CHECK:

Enclosed is my \$50.00 deposit (non-refundable).

Enclosed is my entire camp fee of \$ _____.

* Make checks payable to Luther College.

You will receive confirmation and camp details prior to the start of camp.

Please give completed form, and your deposit fee or entire camp fee to your coach or designated coordinator.

For more information, please call 563.387.1309 or e-mail sumcamps@luther.edu.

PARENTS AUTHORIZATION

I hereby authorize the directors of the Luther College WRESTLING TEAM CAMP to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any liability for any injuries sustained while at camp. I also certify that my son/daughter is medically fit to participate in this program.

Parent or guardian signature

Date

For office use only: Date _____ Amount _____ Initial _____