



SPARTA

PRIDE

WRESTLING

CAMP OF CHAMPS SERIES  
October 9<sup>th</sup> 2010 – 4 PM to 6 PM

CHILDS REGISTRATION

Registration Fees

\$15.00 Per Person

\$12.00 Per Person (Group of 10-19 People)

\$10.00 Per Person (Group of 20+ People)

**LIMITED SPOTS AVAILABLE – Mail Today!**

Name \_\_\_\_\_ DOB \_\_\_\_\_

Age \_\_\_\_\_ Seasons Wrestled \_\_\_\_\_ Approximate Weight \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**Medical**

Allergies \_\_\_\_\_ Medications needed \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In case of injury or illness I request that the Sparta Pride Club coaches and guest clinicians contact me. If I cannot be reached, I authorize the coaches and clinicians to call the above named emergency contacts or physician for treatment. If the above are unavailable, I authorize the coaches and clinicians to seek treatment and this document will serve as permission for authorized medical personnel to treat my child. I hereby hold harmless Sparta Pride, it's coaches, board members, clinicians and all those affiliated with Sparta Pride LLC from and against all loses, claims, damages, penalties relating to claims arising from the participation in the Sparta Pride program and Camp of Champs Series.

I hereby give permission to allow a recognizable image of my child, still or video, in a newspaper, news broadcast or Sparta Pride Internet web page or advertising material in connection with an event, award, or activity at a Sparta Pride event. I understand that their name, hometown and state can be attached to said image at the time of publication. I understand that this event is subject to change.

Parent/Guardian Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Mail Checks Payable To: Sparta Pride LLC. – PO Box 621 – Sparta – NJ – 07871 \*One form required per participant.