

2008 Warrior Wrestling Camp

June 9 – 12, 2008

Caledonia High School, 825 N Warrior Ave, Caledonia, MN

Grade 1st to 5th: \$25

Grade 6th to 12th: \$60

Additional information call Mike 507-724-5524; Spencer 320-766-1934; or e-mail warriorwrestling@acegroup.cc

If lodging is needed let us know. Host families will be available.

Goal of Camp: To provide a positive experience that includes learning and developing wrestling skills, teambuilding, and building friendships among wrestlers that attend camp.

Camp Application: Please return application to: Warrior Wrestling Camp, 903 Bush Street, Caledonia, MN 55921

Name _____ Home Phone _____

Home Address _____ Grade (08-09) _____ Present Weight _____

City _____ State _____ Zip _____ E-mail address _____

School Attending: _____ Shirt Size _____

Please return application by June 1, 2008 with \$25 deposit payable to Caledonia Wrestling Club. This deposit is non-refundable and non-transferable.

Parent's Release and Indemnity Agreement

To: Caledonia High School, Caledonia Warrior Wrestling Club: I/We hereby request that you accept the application for enrollment of _____ in the 2008 Warrior Wrestling Camp during the dates set forth in this application and in consideration of your acceptance of the application, I/We hereby release Caledonia High School, Caledonia Warrior Wrestling Club and all its employees, volunteers, and the Camp Director from all claims on account of any injuries which may sustained by my/our child while attending the 2008 Warrior Wrestling Camp and I/We agree to indemnify Caledonia High School, Caledonia Warrior Wrestling Club and all its employees, volunteers, and the Camp Director for each claim which may hereafter be presented by my/our child as a result of any such injuries. I/We also give permission for appropriate care and treatment to be given as seen necessary by the Athletic Trainer or Camp Director. I/We also certify that my/our child is medically fit to participate in your program.

Student's signature if over 18, guardian's signature if student is under 18 _____

Student Health Insurance Co. name & policy # _____

Parent(s)/Guardian(s) Name: _____

Work Phone _____ Home Phone _____ Cell Phone _____

We will sell tapes or DVD's of the camp for the cost of \$10. If you would like to buy a tape or DVD check this __ and add the \$10 fee to the camp registration. Please check whether you would like a tape __ or a DVD __. They will be mailed as soon as they are edited and copied.