

Please Print and Send to:

Cobber Wrestling Camp, 901 8 ST S, Moorhead, MN 56562

Individual Camp Registration Form

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HIGH SCHOOL _____

COACH'S NAME _____

AGE _____ WEIGHT _____ GRADE _____

Home Phone _____

Work Phone/Cell _____

Insurance Co. _____

Policy# _____

T-Shirt Size: S M L XL XXL (circle one)

Roommate Preference _____

Make checks payable to "Cobber Wrestling Camp"

Enclose a \$50 dollar NON-REFUNDABLE deposit.

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Parent/Guardian Authorization: My son/daughter has had a recent physical examination and is physically able to participate in all camp activities and is free from infectious diseases. I relieve the directors and Cobber Team Camp of any responsibilities should any accidents occur. I give my consent for the Cobber trainers and doctors to treat my son/daughter in case of injury or illness. I understand this wrestling camp is a strenuous and physical activity and serious injury may result in camp participation. I certify to the best of my knowledge I am in good physical condition and have no disease that would impair my performance in training or competition.

Camper Signature: _____

Parent or Guardian Signature:

_____ Date _____

Balance will be due on day of registration