

Registration Form:

Pinconning Wrestling Team

Camp SOAR Intensive Wrestling Camp

July 19th & 20th 2018

Head Clinician Alfonzo D. Thomas

Contact Info: 989-397-2594 or pinconningwrestling@gmail.com

Camp Counselors:

Zehlin & Kanen Storr



When: July 19th & 20th 2018

Registration: 9:30am

Place: Pinconning High School 605 W. Fifth Street Pinconning, MI 48650

Grades: 2nd through 12th Grades

Cost: \$65.00 includes T-shirt

Pre-Register in Person: May 25th, June 1st, 26th & 27th July 10th & 11th 3:15 til 5:15pm

Online Registration: www.pasd.org click on athletics and follow the link!

(Make checks/ Money Orders payable to: Pinconning HS Wrestling Team)

July 19th & 20th Session 1: 11:00am -12:30pm

Lunch: 12:35- 1:15 (Recommended bring your Lunch)

July 19th & 20th Session 2: 1:30pm- 3:00pm

Wrestlers will be grouped by ages and grades

Child's Name: _____ **Grade:** _____ **DOB:** __/__/__

Parent's Name: _____ **Phone Number:** (____) _____

School Name: _____

Known Allergies: _____ **Emergency Contact:** _____

I _____, hereby give my approval for my child's participation in any and all activities prepared by Pinconning Wrestling Team during the selected camp. In exchange for the acceptance of said child's candidacy by Pinconning Wrestling Team, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Pinconning Wrestling, Staff and Camp Counselors, and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I _____, hereby waive all claims against Pinconning Area Schools, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including basketball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Signature: _____

Date: _____