

## 2007 Concordia Wrestling Camp Registration Camp Form

**Please Print and Send to:**

Clay Nagel, 37146 Wosika Drive, Frazee, MN 56544

### Individual Camp Registration Form

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ GRADE \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COACH'S NAME \_\_\_\_\_

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.

**Send to:** Clay Nagel, 37146 Wosika Drive, Frazee, MN 56544

**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: \_\_\_\_\_

\* **Note:** Balance will be due on day of registration