

# **THUNDER WRESTLING FALL CAMP REGISTRATION**

WHO CAN JOIN? Any interested wrestler in grades K - 8th. All schools & kids welcome!

LOCATION: Westlake High School Wrestling Room

WHEN: October 10th - November 3rd

SCHEDULE: Monday - Thursday @ 4:30 - 6:00pm

## **REGISTRATION COST**

- Early Registration (October 1st - October 9th)
  - 1 Wrestler \$50
  - 2 Wrestlers \$90
  - 3 Wrestlers \$130
- Late Registration (Starting October 10th)
  - Each Wrestler \$55

REGISTRATION INCLUDES: Camp Shirt, Dinner and a Movie

## **PAYMENT OPTIONS**

- Use the paypal button after you submit your registration online.
- Mail checks payable to Wrestling Thunder and bring to practice or mail to: 7939 Ruby Valley Drive, Eagle Mountain, UT 84005

For Additional Information Contact:  
Coach Cody Burdett at [cburdett@alpinedistrict.org](mailto:cburdett@alpinedistrict.org)  
or Coach Josh Whited at: [jowhited@gmail.com](mailto:jowhited@gmail.com)

**REGISTRATION FORM**

Wrestler 1

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Year In School: \_\_\_\_\_

Wrestler 2

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Year In School: \_\_\_\_\_

Wrestler 3

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Year In School: \_\_\_\_\_

**Family Information**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**Waiver**

I as a parent of guardian of the above mentioned participates hereby assume the entire risk and hazards incidental to the conduct of the activity of wrestling as well as the transportation to and from the activity. I release, absolve, and indemnify the Thunder Wrestling Club, employees of the club, volunteers, and/or sponsors from all risk and hazards associated with the activity in the event of an injury. I do expressly waive all claims against them. I understand that the Winter Thunder Wrestling Club provides no individual insurance coverage. As a parent of a participant in this program I recognize and acknowledge there are certain risks of physical injury and agree to assume the full risk of any injuries, damages, or loss which my child may sustain as a result of participation in such program as against the Westlake High School, Alpine School District, there officers, agents, servants, and employees. I do hereby release and discharge all the above mentioned entities from any and all claims. from injuries, damages or loss which may occur to my child from participation in this program. I further indemnify, hold harmless, and agree to defend the above mentioned entities and their officer's agents, servants and employees from any and all claims resulting from injury, damages and losses sustained my child arising out of, connected with, or in any way associated with activities of this program.

*PROVIDE YOUR DIGITAL SIGNATURE BY TYPING YOUR NAME BELOW WHEN YOU UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE*

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