

**Grades 6 thru 12**

Winfield Warriors

***Wrestling Camp***

**Date: Mon, June 18<sup>th</sup> to Fri June 22<sup>nd</sup>**

**Location: High School Multi-Purpose Building**

**Time: 3:00pm – 5:30pm**

**Cost: \$20.00**

**Cost Includes Camp T-Shirt!!!**

**Name:** \_\_\_\_\_ **T-shirt size (Circle One):** Sm Med Lg XL XXL

\*\*\*By signing below, I understand that Winfield School District does not purchase, or have, medical/ dental/ hospitalization insurance to cover injuries to or loss of life of students. Furthermore, I agree to indemnify district for expenses in connection therewith and that such insurance, if desired, must be purchased by the parent or guardian. I understand that all persons making the camp shall be deemed to have waived all claims against the district or sponsors due to injury, accident, illness or death occurring during or by reasons of the camp.

<b>Parent Signature:</b>	<b>Parent Phone Number:</b>
<b>Parents Name:</b>	<b>Date Signed:</b>
<b>Parents Address:</b>	
<b>Next to Notify:</b>	<b>Emergency Number:</b>
<b>Doctor's Name:</b>	<b>Doctor's Number:</b>

Please list any medication currently prescribed or routinely taken and any other important medical information such as bee sting allergies etc.