

2013 SOONER SOUTH OKLAHOMA CAMP

Name _____

Male Female

Age (*while at camp*) _____

Date of Birth _____

Year in School (2013-14) _____

School _____ Coach _____

Home Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Emergency Phone (_____) _____

Parent's Name _____

E-Mail Address _____

T-Shirt Size (Circle one) YL AS AM AL AXL

Parent Release to Participate:

We the parents/Guardians of the above named wrestler do hereby grant permission for them to participate in the 2013 Sooner South Oklahoma Wrestling Camp and acknowledge the fact that they are physically able to participate in camp activities. We understand the Southlake Wrestling Camps do provide camp insurance for each participant. A claim must be filed with the company providing camp insurance. The undersigned hereby releases the Southlake Wrestling Camps, Counselors, Coaches and Carroll ISD from any and all claims, demands, and causes of action whatsoever in any way growing out of or resulting from the participation in the 2013 Sooner South Oklahoma Wrestling Camp.

Parent's Signature _____

Date _____

Mail checks payable to:

Southlake Wrestling Camps

4637 Golden Yarrow Dr.

Fort Worth, TX 76244

Check # _____

Paid in Full \$ _____ Deposit \$ _____