



Please complete the below registration forms and return them along with the items in the checklist to the following addresses to complete your registration.

MVD Wrestling Camps  
2717 Big Horn Ave  
Sheridan, Wy 82801

or

[mvdwrestlingcamps@gmail.com](mailto:mvdwrestlingcamps@gmail.com)

Check list:

- Registration Fees (check or money order)
- To pay with a Credit Card please call (907) 764-0835
- A copy of your insurance card (if available)
- Registration Forms



# MVD Women's Wrestling Camp

## Parent Authorization and Emergency Contact Information

Name of Wrestler \_\_\_\_\_ USAW # (optional) \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street address, City, State, Zip Code

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

Please circle the appropriate T-shirt size: YL XS S M L XL XXL

Please check the appropriate box for the years of wrestling experience:

1-2  3-4  4+

Emergency contact persons:

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

Physician \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

The health of the person described above is excellent and has my permission to engage in all prescribed camp activities, except as noted by an examining physician or me.

Health Notes:

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In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Camp Director, Trainer or Camp Coordinator to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child named above.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please list any medicine the wrestler may be allergic to, or any camp activity wrestler should not participate in below: \_\_\_\_\_

**Physical Exam** For the health safety of the participant, it is strongly recommended that wrestlers have a physical examination within the year prior to attending Camp.



**MEDICAL INSURANCE (STRONGLY RECOMMENDED FOR ALL WRESTLERS) THE CAMP ASSUMES NO FINANCIAL RESPONSIBILITY FOR MEDICAL OR DENTAL EXPENSES IN ANY WAY RELATED TO THE MVD WRESTLING CAMP.** Hospitals and doctors DO require insurance or payment in case of treatment. Please list your insurance company and policy number below:

\_\_\_\_\_ *Insurance company and policy number*

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD

### LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Camper's Name \_\_\_\_\_

I understand that my child (named above) will be participating in vigorous athletic activities, which present potential risks of serious injury. On behalf of my minor child and all those related to my minor child, I hereby agree that we shall assume the risk of any injuries that may result from my child's participation in the MVD Wrestling Camp and program. In consideration of being allowed to participate in any way in the MVD Wrestling Camp, the undersigned: Agrees that prior to participating he/she will inspect the facilities and equipment to be used, and if he/she believes anything to be unsafe, he/she will immediately advise coach or supervisor of such condition(s) and refuse to participate.  I acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence or others, the rules of play, or the condition of the premises or of any equipment used. Further that there may be other risks not known to or is not reasonably foreseen at this time. Assume the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

I release, waive, discharge and covenant not to sue the MVD Wrestling Camp, its affiliated clubs, respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners, and lessors of premises used to conduct the event, all of which are hereinafter referred to as "release" including Alpine Camp and Conference Centers, agents and affiliated companies, from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise. I have read the above waiver and release, and understand that I have signed it voluntarily.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_ (If  
participant is under 18)



## Permission to Use Photograph

*Subject: MVD Wrestling Camp*

Location: Lake Arrowhead Ranch - Lake Arrowhead, California

I grant to MVD Wrestling Camps, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize MVD Wrestling Camps, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that MVD Wrestling Camps may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

(If under age 18)



## Afternoon Activities:

- Please choose two activities from the list below for day two and day three of camp.
- Activities that are selected are not guaranteed, they will be assigned on a first come first serve basis. Select an alternate activity in case your selected activity is no longer available.
- Please note some of the activities have an additional cost. If you select one of those activities, please include the additional cost with your registration.

Day two: \_\_\_\_\_

Day three: \_\_\_\_\_

Alternate Activity Choice: \_\_\_\_\_

## Activity Choices:

- Swimming
- Extra Mat time with camp coaches
- Sports Psychology
- Nature hike with a Naturalis
- Shopping in the Lake Arrowhead Village
- \*MMA Class (boxing/ jiu jitsu class) presented by Jeff Speakman's Kenpo Karate and New Breed Martial Arts **\$13**
- Water Skiing with Mackenzie Ski School \$48