

Mid City Wrestling Club – Lee Pritts Camp 2009 Registration Form

Please Print

Applicant _____ (_____) _____
Last First Telephone No.

Address _____
Street City State Zip

School _____ Coach _____ Grade _____

The undersigned student, parent or guardian of (student's name) _____, the applicant for and in consideration of the Mid City Wrestling Club, Inc., accepting said applicant, hereby agrees to save and indemnify and keep harmless the said Mid City Wrestling Club, Inc., its agents, and sponsors, against any and all liability claims, judgements or demand for damages arising as a result of injuries by the applicant traveling to and from Jesuit High School, New Orleans, La. and during his stay at the school grounds, or while wrestling or taking instruction in wrestling.

PARENT OR GUARDIAN'S SIGNATURE

APPLICANT'S SIGNATURE

For further information, call 483-3929 or 504-913-4773—Coach Carlos Bertot

MEDICAL PERMISSION SLIP

I approve of my son's attendance at wrestling clinic and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care.

Parent/Guardian Signature

Wrestler's Name _____

Address _____

City/State _____

Weight _____ Age _____ Grade _____

Phone no (_____) _____

Shirt Size (circle) small / medium / large / XL

Fee: **\$125.00—if you have USA card-\$160.00 without**

Includes:

Instruction

June 2nd – 5th, 2009

Late Registration:

June 2nd, 2009 (8:00 – 9:00 a.m.)

REGISTRATION. No wrestler will be accepted without a signed parental permission and waiver form.

Payment Enclosed \$ _____

Mail to: **Carlos Bertot, 3817 N Woodlawn Ave, Metairie La. 70006.** This form may be duplicated. Do not send form without parent's signature.