

UKRAINE INTERNATIONAL SUMMER WRESTLING CAMP ENROLLMENT 2007

APPLICATION AND PERMISSION

I _____ certify that within the past year I had a physical examination and I am in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, Session _____ I give my permission for such care and hereby waive and release the Camp, it's staff, Valentin Kalika Wrestling and California Amateur Wrestling Foundation of all liability for any illness or injuries which may occur.

I understand that if I am not able to attend camp for any reason the airline tickets and \$500 deposit are non-refundable.

Health Insurance company _____ Policy # _____

List any allergies _____

Medications _____

Does the Wrestler have any continuing health problems? Yes No If Yes describe:

Wrestler's full name _____

(Exactly as it appears on Passport – please, print)

Address _____

City _____ State _____ Zip _____

Age _____ Weight _____ lbs Birth Date _____ Grade next year _____

Home phone() _____ Work/cell phone() _____

Email address _____

Shirt size: XS S M L XL

Singlet size: XS S M L XL

Dated _____ Wrestler(Print Name) _____

Signature of Wrestler(18 or older) _____