

UKRAINE INTERNATIONAL SUMMER WRESTLING CAMP ENROLLMENT 2007

APPLICATION AND PARENTAL PERMISSION

I approve of my child's attendance at Ukraine Wrestling camp Session _____ and certify that within the past year he had a physical examination and 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 and hereby waive and release the camp, it's staff, Valentin Kalika Wrestling and California Amateur Wrestling Foundation of all liability for any illness, injuries or accidents which may occur.

I understand that if he is 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() _____ **Parent/Guardian work phone**() _____

Email address _____

Shirt size: XS S M L XL

Singlet size: XS S M L XL

Dated _____ **Parent or Guardian (Print Name)** _____

Signature of Parent/Guardian _____