

Quick 5 Wrestling Clinic Registration Form

NAME _____

AGE _____ WEIGHT _____ GRADE _____ SCHOOL/CLUB _____

EMERGENCY CONTACT _____

PHONE _____ eMAIL _____ CELL _____

INSURANCE COMPANY _____

POLICY NUMBER# _____ PHONE # _____

ANY MEDICAL ISSUES WE SHOULD KNOW _____

RESPONSIBILITY STATEMENT

The Claysburg-Kimmel School District, and coaches are not responsible for any damage, expense, or inconvenience, nor any loss, injury or damage to or of any person or property from any cause whatsoever, injured during the Wrestling Clinic. The Claysburg-Kimmel School District, and coaches are not held responsible for any act, omission or any event during this clinic. Parents are responsible for transporting campers for non-emergency treatment. My child is in good physical condition, and I accept full responsibility for him during this clinic. I have read the above statement and agree with the provisions. I understand there is a risk in this activity, and give my permission for my child to participate in this activity.

I hereby give my child permission to wrestle/train in the Wrestling Clinic at Claysburg -Kimmel high School on Sunday SEPTEMBER 20th and hereby waive/release the school/quick5 club, and all other sponsoring bodies, their officers, directors, committees, volunteers, and counselors from all liabilities/claims for damages while competing in or traveling to/from said event activities. I also acknowledge that my child is covered by a major medical insurance plan

For more information please call Nick Castellucci at 814-207-9961- or Karie Claycomb at 814-889-1930 or email us at

nickcastellucci@hotmail.com

or

kdkare@aol.com

Please mail registration form to Nick Castellucci, 1290 Municipal Drive, Duncansville pa 16635

or Karie Claycomb 448 Bedford Street, Claysburg pa 16625

Teams are encouraged for a great rate of 10 kids for \$300

Please make checks payable to Quick 5/Genesis MMA or Claysburg Wrestling Boosters

Parent or Guardian Signature _____ Date _____