



CASTRO VALLEY HIGH SCHOOL

Offseason Wrestling Camp Registration

1. Complete the attached **Registration** and **Parental Release forms** in full.

2. Bring the completed form to the Castro Valley High School Wrestling Room Located in the Aux Gym on the first day you attend camp.

NOTE: *These forms must be completed in FULL including the signature of the Parent or Guardian and delivered with the registration form. Campers WILL NOT BE ALLOWED to participate without the COMPLETED Release Forms*

CVHS SUMMER WRESTLING CAMP 2018 REGISTRATION FORM

(Please Print Clearly)

Participant Information

L/Name _____

F/Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Emergency Phone _____

Year in School (Fall 2018) _____

Restrictions on Participation _____

CVHS OFFSEASON WRESTLING CAMP 2018 PARENTAL RELEASE FORM

(Please Print Clearly)

I, _____ give permission
(Parent or Guardian)

for _____
(Name of Camper)

To attend and participate in the CVHS Summer Wrestling Camp at Castro Valley High School **from 12-Mar-18 to 16-Aug- 18 on Mondays and Wednesdays at 3pm only.**

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency / medical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

PLEASE BE ADVISED THAT IT IS IMPERATIVE THAT YOUR CHILD BE IN GOOD HEALTH WHEN ARRIVING AT CAMP. THE DUTIES OF CAMP PERSONNELLE CANNOT INCLUDE PROVIDING MEDICAL CARE FOR CAMPERS ARRIVING AT CAMP WITH A PRE-EXISTING CONDITION.

I hereby

1. Certify that to the best of my knowledge, the medical information is complete and correct.
2. Agree to assume all risk of personal injury from participation in this camp, understanding that this sport does involve the potential for injury.
3. Agree to not hold the staff responsible for any injury sustained during camp participation.
4. Agree not to bring suit against Castro Valley High School, the Castro Valley Unified School District, or its staff for any injury sustained.
5. Agree to allow the staff to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. Agree to accept any decision by the camp staff in terminating attendance due to unacceptable behavior.

I _____ can be reached by phone at
(Day) _____ (Evening) _____

Insurance Company _____

Policy Number _____

Policy Holder's Name _____

(Signature of Parent or Guardian)

(Date)