

Davis Intense Camp

What: **Intense Training Camp**
With emphasis on: Takedowns, "Bottom" Position, and Conditioning

When: **Thursday, July 22nd – Saturday, July 24th**
12:00 – 4:00pm (Thu), 8:30am – 12:30pm (Fri-Sat)

Where: **Walton High School Wrestling Room**

Who: **Middle & High School Wrestlers, rising 6th Grade thru Seniors**
Registration is limited; each wrestler should register with an appropriate practice partner

Cost: **\$65 for registrations postmarked by June 1, 2010**
\$75 for registrations postmarked after June 1, 2010
Checks greatly preferred, make payable to: Walton Takedown Club

Camp Director: Charles Davis, 404-931-1365, charles1.davis@cobbk12.org

Mail this registration form with payment to:
Davis Intense Camp c/o Bob Lax
4807 Old Timber Ridge Rd
Marietta, GA 30068

Circle One

Name _____ Age _____ T-Shirt Size: Adult S M L XL XXL XXXL Youth S M L

Address _____ Phone: Home _____ Cell _____

_____ Email: _____

This is the application for enrollment of _____ (wrestler's name) in the 2010 Davis Intense Camp. I grant permission for the camp directors, staff, and instructors to act on my behalf for said minor in granting permission for evaluation and/or treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event I cannot be reached, I hereby give consent to such medical treatment as deemed necessary by a licensed physician. I hereby release the Walton Takedown Club, Walton H.S., and Cobb County, Directors, employees, instructors, agents or volunteers from any and all claims, which may hereafter, be presented by, to, or on behalf of my minor son/daughter as a result of any such injuries.

I hereby certify that _____ is physically fit to participate in an active wrestling program and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Known Allergies _____ Medications Taking _____

I hereby certify that I have read and fully understand this authorization.

Parent/Guardian Signature _____ Date Signed _____