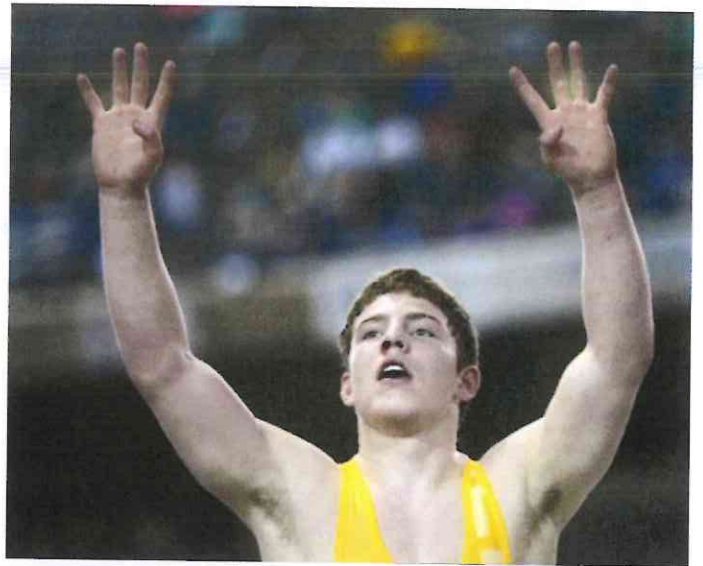


**HAWKS 9 WEEK CAMP
HS SUMMER WRESTLING**

05.31-07.27 / 6-7:30pm

For Entering 9th Grade
- Entering 12th Grade

Mountlake Terrace HS
21801 44th Ave West



Clinician Micheal Solar

- 4 Time HS State Champion
- WIAA Mat Classic Athlete Of The Year
- Judo National Champion

Clinician Grant Thompson

- 2000 HS State Champion
- 3x NAIA National Qualifier
- Mountlake Terrace High School Head Coach

Registration \$150 per participant / Payment due by the first day of camp, May 31st
Cash or Check payable to Edmonds School District / Camp Days are Mon, Wed, Thurs
Contact: email Larry Springberg at larryspringberg@icloud.com

Participant Name _____

Grade Entering _____ Years Of Experience _____

Heath Concerns _____

Student Signature _____ Date _____

Parent Signature _____ Date _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the MLT High Schol Wrestling Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of Wrestling entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
(Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ who attends _____ to
(Student) (School)

participate in the MLT HS Wrestling Camp, Monday, Wednesday & Thursday's, May 30-July 28, 2017 (date), for the purpose of practicing fundamental Wrestling skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____