



2018 TITAN WRESTLING KIDS CAMP

November 5th-8th
6:00 – 7:30pm

Cost: \$40
Grades K-8

Detach and return the below portion to WSHS (or bring on first day of camp)

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Please complete this application, including parent or guardian's signature. Return this with the payment

Camper's Name: _____ Age: _____ Grade: _____

Address: _____ Phone: _____
(Street) (City) (State) (Zip)

I hereby authorize the staff of Titan Kids Club to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liabilities for any injuries or illnesses incurred while at camp. I know of no mental or physical problems which might affect my child's ability to participate in this camp. I understand that insurance will not be provided for campers.

Parent/Guardian Signature: _____ Date: _____