

Granby School of Wrestling – 2010 Summer Clinics Application and Parental Permission

Please Check Clinic Attending:

<input type="checkbox"/> Crossroads Community Church - Commuter <i>Date: June 4-6, 2010</i> Vestavia Hills, AL	*Cost: \$220.00 - \$100 deposit *\$120.00 Cash, Cashier's Check, Money Order Only Due At Site
<input type="checkbox"/> Myrtle Beach High School - Commuter <i>Date: June 5-7, 2010</i> Myrtle Beach, SC	*Cost: \$220.00 - \$100 deposit *\$120.00 Cash, Cashier's Check, Money Order Only Due At Site
<input type="checkbox"/> Highland High School - Commuter <i>Date: June 24-26, 2010</i> Pocatello, ID	*Cost: \$220.00 - \$100 deposit *\$120.00 Cash, Cashier's Check, Money Order Only Due At Site
<input type="checkbox"/> Dinuba High School - Commuter <i>Date: June 25-27, 2010</i> Dinuba, CA	*Cost: \$220.00 - \$100 deposit *\$120.00 Cash, Cashier's Check, Money Order Only Due At Site

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

School: _____

Age: _____ **Weight:** _____

Phone: _____ **Fax:** _____

ENROLLMENT: To enroll in the Granby Clinic you may pay in full or send a non-refundable deposit with your application. Balance may be paid at registration by ***cash only***. **NO CHECKS WILL BE ACCEPTED 14 DAYS PRIOR TO REGISTRATION. ONLY CASH, CERTIFIED CHECK OR MONEY ORDER ACCEPTED AT REGISTRATION.** Early registration is encouraged. No wrestler will be accepted without a signed parental permission and waiver form. Deposits are non-transferable. I acknowledge that I/we are responsible for any damages whatsoever to rooms.

Make Checks payable to: *Granby School of Wrestling*
Mail to: Granby School of Wrestling, Inc.
 P.O. Box 15265
 Chesapeake, VA 23328
 1-888-514-1302

Parents: Please read and sign

- 1) My son has permission to attend the Granby School of Wrestling, Inc.
- 2) I have no knowledge of any physical impairment that would affect or be affected by my son's participation in the Granby School of Wrestling, Inc.
- 3) I acknowledge that at camp my son will participate in a sport that will involve physical contact of the body with other persons or objects including the mat where he may incur a risk of injury.
- 4) I specifically, fully and forever, waive and release the Granby School of Wrestling, Inc., its owners and staff from liability and claims for damages my son may sustain at camp and in his travel to and from said camp.
- 5) In the event of an emergency in which my son requires medical care, I authorize the staff of the Granby School of Wrestling, Inc. to obtain, for him, necessary medical treatment.

Drug Sensitivities: _____

Other Allergies: _____

Insurance Co: _____

Policy Number: _____

Emergency Phone Number: _____

Parent/Guardian Signature _____