

CAMP OF CHAMPIONS

\$35
CAMP
T-SHIRT



LUNCH
PROVIDED
LAST DAY
OF CAMP

*Receive technique and training skills from
Arizona State Champions!*

Date: June 18th - June 21st

Time: 8:00am – 10:00am (7th - 12th Grade)

10:15am – 11:30am (2nd - 6th Grade)

Lunch Provided June 21st – 11:30am – 12:30pm

Registration: Early Registration – Due May 21st

Download Form: alaqcathletics.org

Form to Michelle Hanna ALA QC Athletic Office

Late Registration June 19th – No T-Shirt

Bring Registration Form to First Day of Camp

Price: \$35/Athlete – \$50/2 Athletes (Family)

Checks payable to: ALA QC Wrestling Booster

Location: American Leadership Academy – Queen Creek

23908 S. Hawes Rd. Queen Creek, AZ 85142 – Wrestling Room

Contact: Coach TR Workman – trworkman@alascchools.org

2018 Wrestling Camp of Champions PARENTAL AUTHORIZATION AND LIABILITY WAIVER

Please Print Legibly

Wrestler's Full Name: _____

Grade: _____ Weight _____ T-Shirt Size (YS-YL, AS+) _____ Paid: \$ _____

PARENT NAME: _____ HOME PHONE: _____

CELL #: _____ EMAIL: _____

IN AN EMERGENCY WHEN PARENT CANNOT BE REACHED PLEASE CONTACT:

EMERGENCY CONTACT: _____

NUMBER: _____

Are there any health issues we need to be aware of?

I, _____ the undersigned, on behalf of myself, my heirs and next

PARENTS/ GAURDIAN NAME

of kin, personal representatives, agents, insurers, successors and assigns hereby FOREVER RELEASE, DISCHARGE AND COVENANT TO NOT SUE THE AMERICAN LEADERSHIP ACADEMY SCHOOL DISTRICT, its affiliated personnel, all employees, administrators, agents, directors, officers, coaches and volunteers and if applicable, owners, lessors and operators of premises used to conduct, maintain District Facilities from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present, or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of participation in, attendance at or traveling to and from any wrestling event or activity including, but not limited LOSSES CAUSED BY PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

The undersigned understands and acknowledges that Wrestling activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENTLY, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OF PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, OR HIDDEN LATENT OR OBVIOUS DEFECTS IN THE FACILITIES OR EQUIPMENT USED OF WRESTLER INVOLVED.

I ACKNOWLEDGE THAT I HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

PARTICIPANTS SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____