

Camp Inferno 2017

(Please Print)

Registration Form

Date: __/__/__

Please Check One: Staying On Campus ___ Staying Off Campus__

On Campus Fee: \$85.00 Per Person

Off Campus Fee: \$50.00 Per person

Parent/Guardians Name: _____

Phone: (home/cell) _____

Address: _____

Wrestlers Name: _____

Age: _____ Gender: Male ___ Female ___

Experience: 0-2yrs 2-4yrs 4+ yrs

Shirt Size: YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___ 2XL ___

Emergency Contact: _____

Relationship to Wrestler: _____

Phone: (home/cell) _____

Medical Information

Is the above named wrestler allergic to any food or medicine? Yes No

If yes, please explain. _____

Does the above named wrestler have any health problems? Yes No

(Example: Asthma, Diabetes, ETC)

If yes, please explain. _____

List all medications child may need at camp. _____

On another sheet of paper, please explain proper procedure/guidelines child is to take medications and the name of person/persons responsible for making sure medication is administered correctly:

Name/s: _____

Please Note: For each individual that plans to attend Camp Inferno, we must have a completed consent/release form for all participants both on and off campus. Please be sure to fill out forms in their entirety and sign them.

Consent/Release From

(Please Print)

Date: ___/___/___

We the parent/guardian, _____, of (child's name) _____, do give consent for our child to attend "Camp Inferno" held at Parkersburg Christian School/Spreading Truth Ministries (PCS/STM) campus at 1093 Core Rd, Parkersburg, WV, 26101 on June 22-24, 2017.

We the undersigned parents/guardians also give our consent to any minor medical treatment deemed necessary by the camp nurse/staff. We understand that in the event a medical emergency situation would occur with the above named child while on the camp premises/participating in camp activities, the camp nurse/staff present will do everything possible to help assess and assist in remedying the situation. This would include any outside (911 assistance) emergency medical assistance deemed necessary by the camp nurse/staff.

We the undersigned parents/guardians further understand and agree to release the Camp Inferno staff and PCS/STM Staff and associates of all liability and claims now and future resulting from an accident, personal injury including death, or property loss while attending the above named event and participating in any wrestling camp activities.

We agree that by sending our child to Camp Inferno he/she will be expected to conduct themselves in a respectful, orderly, and honorable fashion. We also agree that in the event there is an issue or concern with our child, medical or otherwise, we could be notified by camp nurse/staff. If you are not the parents but you are the guardian of the above named child, please explain your relationship to the child. ___ Parent ___ Guardian

Signatures of Parent/Guardian: _____

Signature of Participant: _____

Photographic Release:

We the parents/guardians of above named wrestler give consent for photographs and other media to taken and used for promotional use.

Signature of Parents/Guardians: _____

Payment:

Please make checks payable to Parkersburg Christian School (PCS.)

Mail registration and Fees to:

Parkersburg Christian School

ATTN: Andrew Parsons

1093 Core Road

Parkersburg WV, 26101