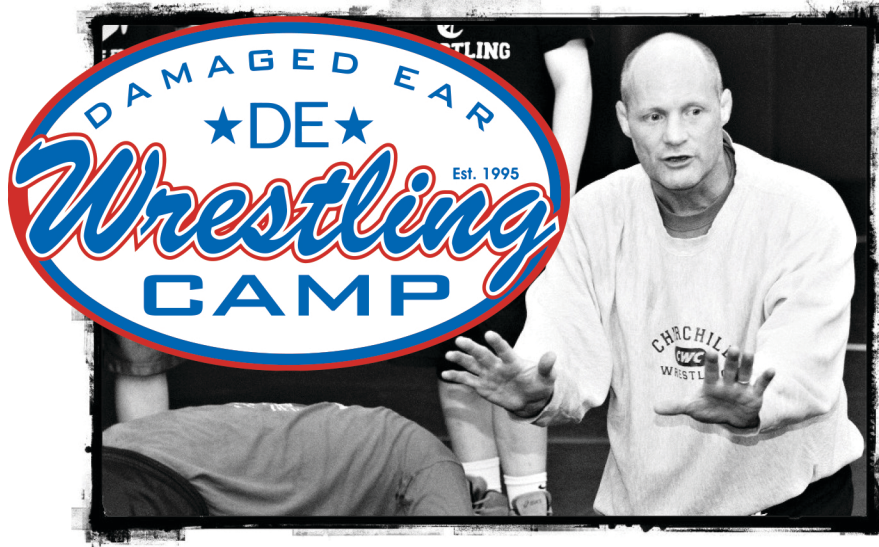


**Act now
space is
limited!**



DE Wrestling Complex
361 Shelley St.
Springfield, OR 97477

REGISTRATION FORM

NAME _____ SHIRT SIZE _____ AGE _____

SCHOOL _____ GRADE _____ DATE OF BIRTH _____

ADDRESS _____

STATE _____ ZIP _____ PHONE _____

EMERGENCY CONTACT _____

USA OR NUWAY NUMBERS _____

COMMUTER \$150 (Lunches are provided)

*\$50 Deposit for spot reservation (nonrefundable)

*Team Discounts Available 541-686-2651 or damagedear@gmail.com for details

AMOUNT ENCLOSED _____

Check Payable to:
Damaged Ear Wrestling
2080 West 12th Ave.
Eugene, OR 97402

WE ARE ALWAYS THE LAST CAMP OF SUMMER, AND YOUR LAST CHANCE TO GET ON THE MAT.

AUGUST 3rd - 6th

SPOTS FILL QUICKLY REGISTER NOW

I hereby register my child for the DE Wrestling Camp and authorize the camp staff to direct his/her participation in the wrestling camp activities. My child has no medical or emotional problems which may affect his/her ability to participate safely in this program. The staff is authorized to attend to any health problem or injury my child may incur while attending wrestling camp, including emergency treatment. I understand that my child must have current medical insurance before participating in this wrestling camp. I understand that if I withdraw my child from the wrestling camp for any reason the camp fee is nonrefundable and my child will not receive his / her gear. Neither I nor my child will hold the DE Wrestling Camp, Damaged Ear Wrestling Supply and Ronald Major Defoe liable for any injuries or expenses relating to injuries that might be incurred while on the premises or participating in the DE wrestling camp.

PARENT/GUARDIAN SIGNATURE DATE _____

ATHLETE SIGNATURE DATE _____