

CAMPER'S NAME: \_\_\_\_\_ CAMP: Mustang Wrestling Camp

## PARENTAL CONSENT FORM

*If there are two parents/guardians both should read and sign.*

*Bring this completed and signed form to Camp check-in with your balance due payment.*

I, the undersigned, hereby certify that I am the parent or legal guardian of the camper named on the top of this form and give my permission for him to participate in all activities associated with the Mustang Wrestling Camp.

I hereby give permission for the Camp staff to seek during the period of Camp appropriate medical attention for the camper, for the medical attention to be given to the camper, and for the camper to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment except for that covered by the Camp's excess medical coverage policy. I understand I am responsible for the Camp's insurance company's deductible if I should use the Camp's insurance provider.

I, the undersigned, understand that wrestling is an active, physical sport and that injuries can and will take place during the activity. I also understand that there will be more campers than Camp staff at Camp and that my son cannot receive individualized attention and supervision all of the time. I hereby acknowledge that our son is physically fit and mentally capable of participating in wrestling and all other camp activities.

I, the undersigned, hereby acknowledge and understand that the Mustang Wrestling Camp is a privately run sports camp operated by the Meathead Wrestling Club, a non-profit organization.

I, the undersigned, give permission for the Mustang Wrestling Camp to take photographs of my son while engaged in Camp activities for the sole purpose of advertising and publicity and understand that his identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information on this form and have read, understand, and agree to all statements on this entire form and the Parent Guide Sheet available on the camp website.

\_\_\_\_\_  
Parent/Guardian Signature Date Printed Name

\_\_\_\_\_  
Parent/Guardian Signature Date Printed Name

### EMERGENCY CONTACT INFORMATION

Home Telephone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Work Telephone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Cellular Telephone Number \_\_\_\_\_ Contact Name \_\_\_\_\_

Special Instructions Regarding the Care of your son while at Camp \_\_\_\_\_

### Current Health Insurance Information

Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Holder \_\_\_\_\_

Policy # \_\_\_\_\_

Group # \_\_\_\_\_