

COOL SUNSHINE WRESTLING CAMP

REGISTRATION FORM

Name: _____

Address _____

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

Phone: _____ **Email:** _____

High School _____ **Weight** _____ **Grade:** _____

Shirt Size (Technique Camp): YM YL S M L XL XXL _____

TECHNIQUE CAMP REGISTRATION

_____ Resident (Dorm and Meals) **\$325**

_____ Commuter with Meals (Lunch & Dinner) **\$275**

_____ Commuter no Meals **\$175**

TEAM DUAL REGISTRATION

_____ Duals w/ Meal Plan **\$100**

_____ Duals w/ Meals and Dorm **\$120**

ATTEND BOTH CAMPS AND SAVE!!!

_____ BOTH TECHNIQUE CAMP AND TEAM DUALS (Resident) **\$350**

_____ BOTH TECHNIQUE CAMP AND TEAM DUALS (Commuter w/meals) **\$300**

_____ BOTH TECHNIQUE CAMP AND TEAM DUAL (Commuter no meals) **\$200**

- Teams with 8 or more athletes, coach stays free. Coaches with 12 get 2 coaches free.
- Additional coaches can be attend at a discounted rate.
- Dorm nights prior to and after duals available for additional cost

Parental Waiver (to be signed by ALL Campers) I certify that my child is in good health and may participate in all camp activities. In case of an emergency, I grant permission for treatment to be given at the local hospital; any expense will not be the responsibility of ASU.

PARENT NAME _____

EMERGENCY PHONE # _____

INSURANCE COMPANY _____

POLICY NUMBER _____

PARENT SIGNATURE _____ **DATE** _____