



# 2019 MS/HS **FALL** CAMP @ ODIN



Name \_\_\_\_\_

School Attended \_\_\_\_\_

Current Grade in School \_\_\_\_\_ Age \_\_\_\_\_ Actual Wt. \_\_\_\_\_

Record and Accomplishments

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone(\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

*Office Use Only*

Date Received \_\_\_\_\_ Check No \_\_\_\_\_ Amount \_\_\_\_\_

**TEN Practices - 1<sup>ST</sup> CHILD \$200; 2<sup>ND</sup> CHILD \$170; 3<sup>RD</sup> CHILD + \$100**

**5<sup>TH</sup>- 12<sup>th</sup> @ 1:30- 3:00 PM**

**\*\*5<sup>TH</sup> GRADERS MUST BE SECOND YEAR WRESTLERS**

- |             |              |               |
|-------------|--------------|---------------|
| 1) SUN 9-8  | 5) SUN 10-6  | 9) SUN 11-3   |
| 2) SUN 9-15 | 6) SUN 10-13 | 10) SUN 11-10 |
| 3) SUN 9-22 | 7) SUN 10-20 |               |
| 4) SUN 9-29 | 8) SUN 10-27 |               |

As agreed to in the Emergency Medical Release & Liability Waiver, I understand that David Thorn and all other personnel associated with Thorn Wrestling Camps assume no responsibility for accidents, injuries, medical or dental expenses incurred by my child at camp.

\_\_\_\_\_  
Parent Signature (or Legal Guardian)

Make Check Payable to: Thorn Wrestling Camps, LLC

Mail Application to: David Thorn, 4041 Jason Ave NE, St. Michael, MN 55376

Contact David at: 763-913-7759 or thorncamps@gmail.com