



2019 YOUTH **FALL** CAMP @ STMA HS



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 - 1ST CHILD \$200; 2ND CHILD \$170; 3RD CHILD + \$100
K- 5th Youth @ 5:30-7:00 PM**

- | | | |
|-------------|--------------|---------------|
| 1) MON 9-9 | 5) MON 10-7 | 9) MON 11-4 |
| 2) MON 9-16 | 6) MON 10-14 | 10) MON 11-11 |
| 3) MON 9-23 | 7) MON 10-21 | |
| 4) MON 9-30 | 8) MON 10-28 | |

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