



2019 MS/HS **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

5th- 12th GRADE 7:00- 8:30 PM

****5TH GRADERS MUST BE SECOND YEAR WRESTLERS**

- | | | |
|-------------|--------------|---------------|
| 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