



# 2019 YOUTH Spring Camp @ WILLMAR 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* \_\_\_\_\_

**SEVEN Practices- \$100**

**K-4TH GRADE SUNDAYS 5:00-6:30 PM**

- |             |             |
|-------------|-------------|
| 1) SUN 3-17 | 5) SUN 4-14 |
| 2) SUN 3-24 | 6) SUN 4-28 |
| 3) SUN 3-31 | 7) SUN 5-5  |
| 4) SUN 4-7  |             |

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