



**Indian Land HS  
Fort Mill, SC  
November 6-18**

**2007 WEEKEND WARRIOR - Camp Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: (        ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Did you attend Ken's 2007 Summer Camp? Yes (\$125) No (\$200)

Do you want housing? Yes No

Age: \_\_\_\_\_ Weight: \_\_\_\_\_

School/Club \_\_\_\_\_

Parent/Coach: \_\_\_\_\_

Coach's E-mail: \_\_\_\_\_

Housing for Parent/Coach? Yes No (If yes, please include an additional \$50)

Name: \_\_\_\_\_

Please charge my credit card in the amount of \$ \_\_\_\_\_ Visa MC

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ V-Code \_\_\_\_\_

**Applications submitted via credit card will be charged in full. All sales are final. No Monetary refunds.  
Signature below is authorization for use of credit card.**

Check # \_\_\_\_\_

Cash

We authorize our child or ward to be treated by a licensed physician, EMT, registered nurse, physician's assistant, dentist, or athletic trainer, if necessary, while attending camp. In submitting this entry, we waive, release, and forever discharge Chertow, Ken Wrestling, Inc. t/d/b/a Ken Chertow's Gold Medal Wrestling Camp ("Camp"), HTC, and all camp directors and staff, and the host facility for and from any and all injuries, losses, or other damages suffered by our child or ward or us at this camp, while traveling to and from this camp, or while participating in this camp. We agree to indemnify and hold Camp, and all camp directors and staff, and the host facility, harmless from and against any and all claims or demands, including reasonable attorneys' fees, made by any third party, to include our child or ward, due to or arising out of our child or ward's participation in this camp. We acknowledge that participation in this camp poses risks for our child or ward, and we represent that our child or ward is physically able to participate in this camp, and has trained sufficiently to do so.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send with payment in full to:

Gold Medal Wrestling

P.O. Box 120

Boalsburg, PA 16827

If paying by credit card, you may fax us at 814-466-3420.