

I am the parent/guardian of the camper named on the form. By signing below I hereby give my permission for the Hartsville Red Fox Wrestling Camp to provide for any needed medical treatment for my son/daughter while he/she is attending the wrestling camp. I specifically give my permission for necessary emergency care to be given to

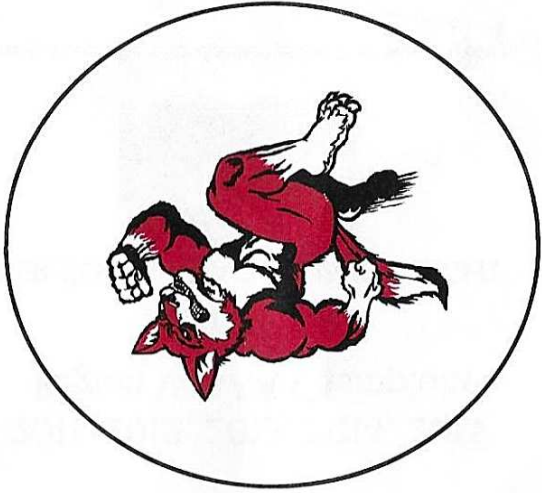
(name of camper) by EMS and/or any other medical treatment providers. I attest that my son/daughter had a physical within the last 12 months and the physical disclosed no medical conditions, other than those listed on this waiver, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this wrestling camp and related activities is at the sole discretion and judgment of the parent of guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release Hartsville High School, its School Board, students, employees and clinicians from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports activity except where the injury or damage is caused by the gross negligence of the school's employees. Hartsville High School is not responsible for lost or stolen property.

Signature: _____

Date: _____

2015 RED FOX WRESTLING SUMMER CAMP



FEATURING:
COKER COBRA COACH—WAINWRIGHT



Registration Information:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Shirt Size: (Circle one)

XS YM YL S M L XL XXL

Emergency Contact Information:

Name: _____

Relationship: _____

Phone: _____ (C)

Name: _____

Relationship: _____

Phone: _____ (C)

Medical Concerns, if any: _____