



Labette County Grizzly Wrestling Camp

Wednesday July 13-15

SESSIONS

(Incoming Grade)

Grades K-6 10:00 am - 11:30 am

Grades 7-12 1:00 pm - 3:00 pm

LOCATION: Labette County High Wrestling Room

COST: \$20

QUESTIONS ABOUT CAMP: Head Boys Wrestling Coach

Chas Thompson

620-388-3585

cthompson@usd506.org

APPLICATION FORM

You may turn in your completed form to Coach Thompson at Meadow View Grade School
or email to cthompson@usd506.org

Student Name: _____

Age: _____ **Grade in Fall:** _____

Parent/Guardian Name: _____

Mailing Address: _____

T-Shirt Size (circle one):

Youth:	Small	Medium	Large		
Adult:	Small	Medium	Large	XL	XXL

Release and Indemnity:

I hereby request that you accept the application for the enrollment of:

_____ in the Labette Wrestling Camp and in consideration of your acceptance of this application, I hereby release the wrestling camp, employees and agents from all claims due to injury which may be sustained while attending wrestling camp, and employees and agents from any claims that might occur hereafter as a result of injuries.

Date: _____ **Parent Signature:** _____

Health Conditions:
