2010- 2011 WISCONSIN WRESTLING SCHOOL APPLICATION
FOR YOUR CONVENIENCE YOU MAY ALSO REGISTER ON LINE AT www.uwcamps.com

Please print in ink. ***This form may be duplicated for additional applicants.***

CHILD'S NAME_____
Last **Legal First** **MI** **Nickname**

PARENT'S EMAIL ADDRESS_____

MAILING ADDRESS_____
Street **City** **State** **Zip**

PARENT/GUARDIAN NAME_____

PHONE: HOME ( )_____ **FATHER'S WORK ( )**_____
CELL ( )_____ **MOTHER'S WORK ( )**_____

NAME OF SCHOOL CHILD IS CURRENTLY ATTENDING:_____
GRADE COMPLETED AS OF SUMMER 2010_____

CHILD'S DATE OF BIRTH_____**WEIGHT**_____

THIS WRESTLING SCHOOL IS OPEN TO ANY AND ALL ENTRANTS – ENROLLMENT LIMITED TO FIRST 20 APPLICANTS

Check all of the Sessions you will be attending:

Please Note: If you attend multiple Sessions, a non-refundable deposit must be made for each session that you choose to attend.

☐ **SESSION I**
Sep 12, 2010 – Oct 21, 2010
Sunday – 4-6 PM
Tuesday & Thursday – 7-8:30 PM
COST: $400 ($100 Deposit)

☐ **SESSION II**
Nov 14, 2010 -Dec 22, 2010
Sunday – 4-6 PM
Wednesday – 7-8:30 PM
COST: $250 ($100 Deposit)

☐ **SESSION III**
Jan 16, 2011 – Feb 23, 2011
Sunday – 4-6 PM
Wednesday – 7-8:30 PM
COST: $250 ($100 Deposit)

☐ **SESSION IV**
Mar 20, 2011 – Apr 7, 2011
Apr 17, 2011 – May 5, 2011
Sunday – 4-6 PM
Tuesday & Thursday – 7 -8:30 PM
COST: $400 ($100 Deposit)

☐ **SESSION V**
May 29, 2011 – Jun 30, 2011
Sunday – 4-6 PM
Tuesday & Thursday – 7-8:30 PM
COST: $400 ($100 Deposit)

☐ **TOTAL PACKAGE** SESSIONS I, II, III, IV & V Sep 12, 2010 – Jun 30, 2011 COST: $1400 ($500 Deposit)

I approve of my child's attendance at wrestling school and certify that within the past two years he has had a physical examination and that he is in good health and able to participate in all school activities. If medical attention is required for illness or injury while attending this school, I give my permission for such care. In consideration of my child's participation in this school, I hereby release the University of Wisconsin System Board of Regents, its officers, employees, and agents from any and all liability arising out of any injury or illness my child incurs while participating in this school's activities. I understand the rigorous athletic activity in which he will be involved. I understand that participation is voluntary and I choose freely to have my child participate. Participants are encouraged to have their own health insurance. I understand that the school provides limited accident insurance, which is primary on the first $1,000 and excess up to $7,500. I understand also that the University of Wisconsin – Madison (UW) may take photographs and or videos of participants and activities. I agree that the UW shall be the owner of and may use such photographs and videos relating to the promotion of future schools. I relinquish all rights that I may claim in relation to the use of said photographs and videos. *I understand that any participant that does not abide by school rules and regulations is subject to dismissal without reimbursement or recourse and any damage to facilities will be assessed to those responsible.*

X_____
Signature

Date_____

METHOD OF PAYMENT
☐Check made payable to UW Athletic Department
☐Master Card, Visa, Discover, American Express
Card #_____
Expiration Date (month/year)_____
Cardholder Signature_____
Transaction confirmed: terms of Cardholder agreement hereby incorporated by reference.

Make Checks payable to: University of Wisconsin
Athletic Department

Send this form with deposit to: Business Office/Wrestling School
University of Wisconsin
1440 Monroe St.

For Office Use Only
Date Rec'd_____ Deposit$_____ Ck#_____
Processed by_____ Date Conf'd_____ Bal. Due_____
Bal Rec'd_____ Check_____ Date Rec'd_____
Processed by_____ Other_____