



# IRON SHARPENS IRON TEAM CAMPS WRESTLER REGISTRATION FORM



CAMP HEADQUARTERS: ISI TEAM CAMPS 1307 Hummingbird Cir Waterloo, IA 50702 (319) 404-0722  
Website: www.isiteamcamps.com

Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Birthday \_\_\_\_\_ E-Mail \_\_\_\_\_  
Month Day Year

Team Name (if coming with team) \_\_\_\_\_ Last Completed Grade \_\_\_\_\_

Name of Parents \_\_\_\_\_

Health Concerns \_\_\_\_\_

### Camp Fees

Camp Registration: \$120  
O gcm" .....&87  
J qvgn" .....&337  
Vtcpur qt v w qp" .....&72"

**Camp Fee Total** .....&572

### Camps

Select what camp(s) you would like to attend.

Loras College June 10-13th

Earlham College June 26-June 29th

Illinois Wesleyan University July 9-12th

Grinnell College July 17-20th

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

### Authorization and Release

*Release must be signed by parent or guardian if applicant is under age 18 as of the date of this release.*

Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I hereby certify that facts in this entry form are true and correct. I certify that the birth date is correct. I understand that by participating in the Iron Sharpens Iron Team Camps, the name, photograph or other image, and other information (including but not limited to age and hometown) relating to the participant may be used for publicity purposes. Publicity purposes may be in the form of brochures, postings on the tournament web site, videos, displays, radio programs, newspaper releases or articles, or other forms of media.

The undersigned Applicant, for his or her heirs, assigns and legal representatives, releases, discharges and holds harmless the Iron Sharpens Iron Team Camps LLC, Joel Allen, Steve Farrell, all camp and title sponsors, Loras College, Earlham College, Grinnell College and Illinois Wesleyan University and their affiliates, their directors, officers, members, employees, staff, volunteers, agents and representatives from any and all liability for any events or consequences whatsoever and in any manner arising out of or related to Applicant's entry and/or participation in this camp, including but not limited to personal injuries sustained by Applicant.

In the event of a medical emergency occurring during the camp, the undersigned hereby authorizes all necessary measures in the medical treatment of Applicant.

Signed \_\_\_\_\_ Relationship to Wrestler \_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_ Name of Chaperone (if needed) \_\_\_\_\_ (Male/Female)