

2024 All American Camp Application

(Please print clearly and Sign).

ALL AMERICAN WRESTLING CLUB

183 DUTCH HILL RD
LATROBE, PA 15650-4680

***** Parents must sign Release Form in order for wrestler to step on the mat *****

Name: _____

Parent's Name: Father _____ Mother _____

Street: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ DOB: _____ Weight: _____ lbs Height: _____ ft _____

School: _____ # of years wrestled: _____

Home Phone#: (____) _____ - _____ Cell#: (____) _____ - _____

Father: Work#: (____) _____ - _____ Cell#: (____) _____ - _____

Mother: Work#: (____) _____ - _____ Cell#: (____) _____ - _____

#Email: _____

(Please print **clearly**-this is how we will communicate with you the majority of the time)

All Parents/Guardians MUST sign the following 2 (two) Releases:

*** Make sure wrestler's name is **printed** in **BOTH** spaces provided and on back ***

1. Permission to Treat

Coach Waller and/or his designee (i.e. staff member) have permission to have _____
(Wrestler's Name) treated if necessary at the appropriate facility if he is injured, or if he appears to be injured.

2. Indemnification by Parent or Guardian of Applicant

The undersigned parent or guardian of _____ (Wrestler's Name)

The applicant, for and in further consideration of the wrestling camp accepting said applicant does hereby release and discharge the curators of Rob Waller's All-American Wrestling Club/Camp and it's representatives, employees and agents from any and all debts, claims and demands, actions, damages, causes of action, judgments or suits of any kind which may result of this applicant participation in, traveling to or from the All-American Wrestling Club/Camp, and hereby agree to have and indemnify and keep harmless the curators of the All-American Wrestling Camps, it's representatives, employees and agents against liability claims, judgments or demands for damages arising as a result of any course instruction given the applicant by Coach Waller or any designee of Rob Waller's All-American Wrestling Club/Camps.

Parent/Guardian Signature _____ Date _____