



**COST OF CAMP:\$50**

### Olympus Youth Wrestling Camp B

**DATES & TIMES:** Start Times Each Day: 5:30-6:30PM (1/6, 1/11, 1/13, 1/18, 1/20, 1/25, 1/27, 2/1, 2/3, 2/8, 2/10, 2/15)

**GRADES INVITED TO PARTICIPATE:** K-12

*This camp is designed to help students improve in the following areas.*

**Core body strength, flexibility, and agility**

**Camp Facilitator Devin Ashcroft      Camp Location Olympus Sr. High/Online**

**For more information contact camp facilitator at:**

**FEE TO BE PAID TO BOOKEEPPER IN HOSTING SCHOOL MAIN OFFICE OR ONLINE IF AVAILABLE**

**Office hours are: 8: 00 AM – 2:30 PM**

**Please circle the t-shirt size of camper: YS YM YL XS S M L XL XXL**

**Name of Participant \_\_\_\_\_ Male \_\_\_ Female \_\_\_**

**Birth Date \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_**

**Name of Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_**

**Phone \_\_\_\_\_ (mobile) Phone \_\_\_\_\_ (Secondary)**

**In case of emergency please notify \_\_\_\_\_ Phone \_\_\_\_\_**

#### **ASSUMPTION OF RISK, LIABILITY RELEASE**

1. I hereby recognize and acknowledge that my child’s participation in recreational activities may involve bodily and/or emotional injury to me and/or my child. In consideration of my child being permitted to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Granite District, and its officers and employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Granite District activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child’s participation.
2. I hereby authorize Granite District camp staff to act on my behalf in accordance with their best judgement in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that I or my insurance company will be billed for such emergency treatment.
3. **This camp is voluntary and is in no way a condition or pre-requisite for student participation to any program, team or school sponsored activity held within the Granite District.**
4. By signing this assumption of risk and liability release I acknowledge that I have read its contents, understand and agree to its terms.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Paid