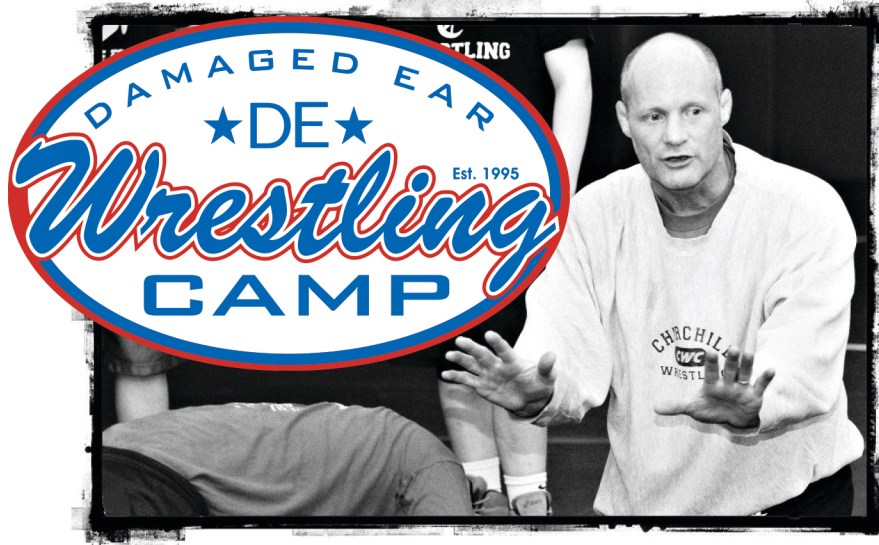


**Act now  
space is  
limited!**



**DE Wrestling Complex**  
361 Shelley St.  
Springfield, OR 97477

## REGISTRATION FORM

NAME \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

USA OR NUWAY NUMBERS \_\_\_\_\_

☐ COMMUTER \$99 (Lunches are provided)

\*\$50 Deposit for spot reservation (nonrefundable)

\*Team Discounts Available 541-686-2651 or damagedear@gmail.com for details

AMOUNT ENCLOSED \_\_\_\_\_

Check Payable to:  
Damaged Ear Wrestling  
2080 West 12th Ave.  
Eugene, OR 97402

**WE ARE ALWAYS THE LAST CAMP OF SUMMER, AND YOUR LAST CHANCE TO GET ON THE MAT.**

**May 26th – 29th**

**SPOTS FILL QUICKLY REGISTER NOW**

I hereby register my child for the DE Wrestling Camp and authorize the camp staff to direct his/her participation in the wrestling camp activities. My child has no medical or emotional problems which may affect his/her ability to participate safely in this program. The staff is authorized to attend to any health problem or injury my child may incur while attending wrestling camp, including emergency treatment. I understand that my child must have current medical insurance before participating in this wrestling camp. I understand that if I withdraw my child from the wrestling camp for any reason the camp fee is nonrefundable and my child will not receive his / her gear. Neither I nor my child will hold the DE Wrestling Camp, Damaged Ear Wrestling Supply and Ronald Major Defoe liable for any injuries or expenses relating to injuries that might be incurred while on the premises or participating in the DE wrestling camp.

DATE \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_  
ATHLETE SIGNATURE \_\_\_\_\_