



IRON SHARPENS IRON TEAM CAMPS WRESTLER REGISTRATION FORM



CAMP HEADQUARTERS: ISI TEAM CAMPS 9314 Military Rd Dubuque IA 52003
Questions? Email us: isiteamcamps@gmail.com 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 _____ Anticipated Weight _____

Health Concerns _____

Camp Registration Fees

Camp Registration: \$145 (Team of 6 or more)
Camp Registration: \$190 (Individual)
Guardian/Chaperone: Free
Coaches: Free

Build your own camp:

Meals: (Circle if any, include guardian meals if staying)
Lunches Only \$40
Lunches and Supper \$80
All Inclusive \$100

Lodging: (Circle include guardian if staying*)

DORMS 3 night = \$95 4 night = \$126 5 night (IL Only) = \$158

Camp Fee Total _____



Camps

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

ICCC Ft Dodge June 10-13

IWU Bloomington IL June 25-28

Authorization and Release

Release must be signed by parent or guardian if applicant is under age 18 as of the date of this release. By signing this release I understand that there are NO REFUNDS once submitted.

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, Iowa Central Community College, Illinois Wesleyan University, 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)