



CAMAS WRESTLING CLUB—FOLKSTYLE

All levels welcome!

For all students that have a desire to wrestle & compete. Represent the Camas Wrestling Club throughout SW WA & NW OR regions. Shirts and Pictures are included. USAW cards are required in order to compete in tournaments. Tournaments typically offered twice a month. USAW cards offer discounts on future clubs.

Wrestlers who register for this club will be on CCYW team for free. Free Pictures (donated by Curb Accents Inc.) & Free Camas Wrestling Club t-shirt.

- Who:** Males & Females, Grades Kindergarten - 12th
- Dates:** November 26 - March 2nd (State Tournament at Tacoma Dome Feb. 17)
- Days:** Pee Wee's: grade K-3, M/TH, 6:00-7:00 PM, \$35
Advanced: grade 4-12, T/W/Th, 6:00-7:30 PM; \$65
- Location:** Camas High School Wrestling Room
- Coaches:** Eric Webb: University of Oregon Graduate and Wrestler
Zane Freschette: Community Police Officer

USAW Cards can be purchased at <https://www.usawmembership.com/login>

Cut Here ✂

360-833-5544 Camas Community Education 841 NE 22nd Avenue, Camas, WA 98607 www.CamasCommunityEd.org

Students Name: _____

Parent's Name: _____

Student Info. Gender: Male Female School: _____ Grade: _____

Phone: # _____ Phone: # _____

Email Address: _____

Does your child have any medical conditions or allergies of which staff should be aware? Yes No

If yes, please explain: _____

Code	Class Title	Fee
1105-18	Camas Wrestling Club - Folkstyle (Pee-Wee)	\$ 35
1150-18	Camas Wrestling Club - Folkstyle (Advanced)	\$ 65

Total Enclosed: \$ _____

This student has my permission to participate in this CCE activity. I understand the Camas Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs with staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Cash/Check #: _____