**2018 IOWA ELITE Wrestling Camp,** *June 26- June 30 (ages 10 – 18)*

  **Fee**: $2000.00 per wrestler

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_\_\_\_\_ Parent Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper Cell Phone: \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M F Weight \_\_\_\_\_ lbs Age during camp \_\_\_\_\_ Grade next fall\_\_\_\_\_ School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-Shirt Size, **mark one**: YS YM YL S M L XL XXL XXXL

Method of Payment: Check Visa Master Card Discover Signature on card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acct# \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ Exp date \_\_\_\_\_\_ / \_\_\_\_\_\_ CVV# \_\_\_\_\_\_\_\_\_ Deposit Only Pay in Full

Mail application and ***$500*** deposit to: The University of Iowa Wrestling Office, S210 Carver-Hawkeye Arena, Iowa City, IA 52242. Personal Check, Cashier’s Check or Money Orders accepted. Checks should be made out to Iowa Wrestling Camps. **NO CASH PLEASE.**

**A SIGNED MEDICAL RELEASE IS MANDATORY**: Our MEDICAL RELEASE offers two options; fill out our entire Medical Release form along with the signature of a doctor and parent/guardian, OR provide a school physical (performed within one year of your camp date) along with the right side of our medical release form signed by a parent/guardian. One of these two options must be complete for you to attend Sports Camps, **NO EXCEPTIONS.**

The University of Iowa requests information for the purpose of registration in The University of Iowa Sports Camps programs. No persons outside the University are routinely provided this information except for items of directory information such as name and local address. Responses to all items are required. If you fail to provide the required information, the University may not consider your registration. The University of Iowa prohibits discrimination in employment, educational programs, and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The University also affirms its commitment to providing equal opportunities and equal access to University facilities. For additional information contact the **Iowa Wrestling Office 319-335-9405**.

**Access additional information at:** [**www.iowawrestlingcamps.com**](http://www.iowawrestlingcamps.com)

*Due to the limited number being accepted, no online registration is available for this camp.*

*(flip)*

Insurance Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_