



BECKMAN CATHOLIC TRAILBLAZER WRESTLING CAMP

October 19, 2019

**1st - 4th grade:
9:00 a.m. - 12:00 p.m.**

**5th - 8th grade:
1:00 - 4:00 p.m.**

**COST: \$30.00 - includes t-shirt
Checks: Beckman Catholic High School**

**Send to: Wrestling Camp
Beckman Catholic HS
1325 9th St. SE
Dyersville, IA 52040**

****Please return form by October 1, 2019****

Any questions contact Cody Ortmann - cortmann@dbq.edu or call Beckman at 875-7188.

NAME: _____ **GRADE (19-20) :** _____

PARENT'S:

ADDRESS: _____ **CITY/ST/ZIP** _____

PHONE: _____ **ALT PHONE:** _____

T-SHIRT SIZE _____

I certify that _____ has my permission to compete in the 2019 Wrestling Camp. I hereby accept full responsibility for my child in case of accident and for behavior. I understand that Wrestling Camp Coaches, Beckman Catholic High School, or any of its agents or employee's cannot be held responsible in the event of an accident or lost items and do waive and release all right and claims of whatever nature they may be. MY CHILD IS INSURED IN CASE OF INJURY. I agree to the above terms and indicate compliance by my signature.

Signature of Parent or Guardian

Date