

Northern Cass Summer Wrestling Program 2023

Northern Cass School is partnering with Essentia Health to provide a summer weights program. **The cost is \$75/participant**



Parent/Guardian Information (please print clearly)

Guardian 1 First Name: _____

Guardian 1 Last Name: _____

Guardian 1 Email: _____

Guardian 1 Phone: _____

Guardian 2 First Name: _____

Guardian 2 Last Name: _____

Guardian 2 Email: _____

Guardian 2 Phone: _____

Family Address

Address: _____

City: _____

State: _____ Zip Code: _____

Please provide any medical and/or dietary restrictions we need to know. Include child name.

The programs will be on July 17th & 18th
Level 1-6 9:00-11:00am Level 7-12 12:00-4:00pm

	Child First Name (Please print)	Child Last Name	Age	Grade Level Completed	Level 1-6 9:00-11:00am	Level 7-12 12:00-4:00pm		
1								\$
2								\$
3								\$
4								\$
5								\$
Checks may be made payable to <i>Northern Cass School</i>.								TOTAL DUE FOR ALL PARTICIPANTS
								\$

I do hereby authorize that all of the above information is correct and that my child is fully able to participate in Northern Cass Camp activities without need of individual or specialized attention or medical regimen. I agree to notify Northern Cass Camp of any changes in my child's physical or mental health between the dates of registration and the start of camp, as well as during camp.

I authorize the administration of all medical treatments deemed necessary by emergency personnel, hospital staff, or physicians with the understanding that every effort will be made to contact me if there is a medical emergency. I understand all reasonable safety precautions will be taken at all times during camp and agree to hold harmless Northern Cass School, their camp staff, employees, and/or volunteers for any damages, losses, disease, or injuries incurred during camp participation. In addition, I acknowledge that my insurance will be used as primary coverage for my child in the event medical intervention is needed. I further understand that I will be responsible for any and all expense not covered by my insurance and agree to indemnify and hold harmless Northern Cass School, their camp staff, employees and/or volunteers from any and all expense, claims, costs or attorney fees incurred as a result of claims, actions, and or suits brought by me, my child or on my behalf of or on my child's behalf or by anyone else as a result of any accident, injury, or illness.

I agree that my child will abide by all camp rules and guidelines set forth by Northern Cass School and Northern Cass Camps for the safety and good health of themselves and other campers.

Parent/Guardian Signature: _____

Date: _____