

Check # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 E-mailed: \_\_\_\_\_

# Mail-In Registration Form TDM 2012

Office use only

Please check the week(s) you are registering for:

- Week 1 June 14 – 18
- Week 2 June 21 – 25
- Week 3 June 28 – July 2
- Week 4 July 6 – 10
- Week 5 July 12 – 16



**Wrestler's Name:** \_\_\_\_\_

**Please Circle T-shirt size:**

YS YM YL AS AM AL XL XXL

**Parents' Names:**

\_\_\_\_\_  
(Dad)

\_\_\_\_\_  
(Mom)

**Age at camp:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Approx. Weight:** \_\_\_\_\_

\*Please note: if your child is a heavyweight for his age you will be notified one month before camp as to whether a workout partner is available. All wrestlers are grouped according to their AGE and WEIGHTS. If no appropriate partner is registered you may be required to find one or receive a full refund.

**Address:**

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (zip)

**Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

Please include a front & back copy of the insurance card. If your child needs treatment, this will speed things up!

**E-mail:** (This is important for camp updates regarding check-in, session assignments, bunk assignments, etc. These are NOT used for solicitation and will not be shared with third parties!)  
 \_\_\_\_\_

**Medical Release**

Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Takedown Machine Staff and Purler Wrestling, Inc. to act for me, according to its best judgment in any medical emergency, and I hereby waive and release Purler Wrestling, Inc. from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is true and correct.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

\*If your child has any special medical condition(s) please let us know on the back of this form.

**Emergency Contact Info:**

Home Phone: \_\_\_\_\_

Parents' Work Phone:

\_\_\_\_\_  
(Dad)

\_\_\_\_\_  
(Mom)

Parents' Cell Phone:

\_\_\_\_\_  
(Dad)

\_\_\_\_\_  
(Mom)

**Registration will NOT be accepted without payment in full (\$495). Please mail registration form with payment to:**

**Nick Purler**  
**84 Quiet Ridge Ct.**  
**Foristell, MO 63348**

You will be contacted via e-mail when your registration has been received. If you have any questions, contact Nick at [nick@purlerwrestling.com](mailto:nick@purlerwrestling.com) or call at 314-229-3540. Thanks.