



IRON SHARPENS IRON TEAM CAMPS

INDIVIDUAL REGISTRATION FORM



CAMP HEADQUARTERS: ISI TEAM CAMPS PO Box 26 Lone Tree, Iowa 52755 (319) 404-0722
Website: www.isiteamcamps.com

Name _____ Sex _____
Last First Middle
Home Address _____ Phone _____
City _____ State _____ Zip Code _____
Emergency Contact _____ Emergency Phone _____
Birthday _____ E-Mail _____
Month Day Year
Team Name (if coming with team) _____ 2016-17 Grade Level _____
Name of Parents _____

Camp Fees

Camp Registration: \$100 (Team of 6 or more)
Camp Registration: \$125 (Individual)
Guardian/Chaperone: Free
Coaches: Free

Camps

Select what camp(s) you would like to attend.

Loras College June 12-15th

Earlham College June 28-July 1st

Illinois Wesleyan University July 9-12th

Build your own camp: (teams do the same)

Meals: (Circle if any, include guardian meals if staying)

Lunches Only \$30
Lunches and Supper \$65
All Inclusive \$80

Dorms: (Fill out how much your dorm stay is, include guardian dorm if staying*)

Loras College \$20/night = _____
Earlham College \$25/night = _____
IWU \$25/night = _____

Camp Fee Total _____

Authorization and Release

Release must be signed by parent or guardian if applicant is under age 18 as of the date of this release.

Applicant's Name: _____ Birth Date: _____

I hereby certify that facts in this entry form are true and correct. I certify that the birth date is correct. I understand that by participating in the Iron Sharpens Iron Team Camps, the name, photograph or other image, and other information (including but not limited to age and hometown) relating to the participant may be used for publicity purposes. Publicity purposes may be in the form of brochures, postings on the tournament web site, videos, displays, radio programs, newspaper releases or articles, or other forms of media.

The undersigned Applicant, for his or her heirs, assigns and legal representatives, releases, discharges and holds harmless the Iron Sharpens Iron Team Camps LLC, Joel Allen, Steve Farrell, all camp and title sponsors, Loras College, Earlham College, and Illinois Wesleyan University and their affiliates, their directors, officers, members, employees, staff, volunteers, agents and representatives from any and all liability for any events or consequences whatsoever and in any manner arising out of or related to Applicant's entry and/or participation in this camp, including but not limited to personal injuries sustained by Applicant.

In the event of a medical emergency occurring during the camp, the undersigned hereby authorizes all necessary measures in the medical treatment of Applicant.

Signed _____ Relationship to Wrestler _____
Signature of Parent or Guardian

Date _____ Name of Chaperone (if needed) _____ (Male/Female)