

ETERNAL WARRIOR WRESTLING APPLICATION:

APPLICANT'S NAME: _____ E-MAIL: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
GRADE NEXT FALL: _____ HT: _____ WT: _____ AGE: _____ DOB: _____
PHONE: _____ WORK PHONE: _____ CELL PHONE: _____
EMERGENCY CONTACT: _____ HOME PHONE: _____ CELL PHONE: _____
INSURANCE: _____ # _____

Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize Eternal Warrior Ministries, Inc. officials to act for me according to it best judgment in any medical emergency. I hereby waive and release sod officials and any facility or school district from any liability for injuries incurred by my son/daughter while attending any of the Eternal Warrior Wrestling Camps. Therefore, in case of injury or illness, necessary emergency treatment is authorized. All participants will be covered by secondary accident insurance. This policy is non-duplicating and covers medical expenses that are within the range of its limits, except for those costs covered by other valid and collectable insurance policies. Eternal Warrior Ministries, Inc. is not responsible for early departure arrangements. The parent or guardian must make any arrangements for early departure. Any arrangements made by camp officials for early departure will result in a \$100 processing fee. All participants will be supervised during organized training sessions, assigned activities, and in the boarding facilities. Every enrolled in the camp must comply with all camp rules and regulations. Any person(s) who willfully violate or abuse these rules will be subject to immediate expulsion from the camp at their own expense. Eternal Warrior Ministries, Inc. and its affiliates will not assume any responsibility for medical, dental, or other expenses incurred as a result of accidents. I further consent my child being photographed or video taped for Eternal Warrior Wrestling Camp promotional use. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are very preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention can not be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling.

Please send application, non-refundable deposit payable to Eternal Warrior Ministries, physician and parent release form, and a copy of your current medical insurance card to:

Eternal Warrior Wrestling Camp
C/O Monica Calavitta
6121 Brookmont Dr.
Yorba Linda, CA 92886

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____ Date _____

Eternal Warrior Wrestling

SUPPLY LIST

As the Eternal Warrior Wilderness Intensive Wrestling Camp check-in date approaches, we want to take this opportunity to welcome you. The entire Eternal Warrior staff is committed to providing you with the highest quality training available. It is our goal to see you exceed your potential as both a wrestler and as a young man. To enhance your camping experience we are providing you with an itemized checklist of what to bring to camp.

- ___ 12 workout T-shirts *
- ___ 12 pairs of workout shorts *
- ___ 12 pairs of socks *
- ___ 12 pair of underwear/athletic support *
- ___ 4 workout sweatshirts *
- ___ 4 pairs of sweatpants *
- ___ wrestling shoes *
- ___ running shoes *
- ___ extra pair of athletic shoes *
- ___ water shoes *
- ___ swimming trunks *
- ___ Sunscreen, Moisturizing Lotion, Mosquito Repellent *
- ___ 6 bath towels *
- ___ 4 wash cloths *
- ___ toiletries (toothbrush, soap, etc./ One tube of Lamisil Anti-Fungal Cream *
- ___ 1 pair of Levis or Denim trousers/Work Gloves *
- ___ 1 stocking or knit type hat *
- ___ sleeping bag & pillow *
- \$20 for laundry fee and money for snack bar

>> ALSO REQUIRED: FULL BODY WET SUIT & GOGGLES FOR SWIM TRAINING AND A CAMEL TYPE WATER HYDRATING BACK PACK

***** Note that all items which are marked with an asterisk * must be clearly identified with the camper's last name written in permanent marker or laundry pen.**

To avoid down time in training, laundry will be done for the campers. Therefore, each camper will be required to bring a clearly identifiable laundry bag with the camper's name marked on the outside in large bold letters.

We encourage our campers to not bring cell phones to camp, as reception is extremely limited and they are a distraction. Thus, all cell phones brought to camp must be checked in at the time of registration. Any cell phones not checked in will be collected and returned at the end of camp. We will have an in house phone line accessible to all campers, which can be easily and conveniently used with a calling card.

We look forward to seeing you at check-in. The first regular camp meal will be dinner, served on the first day of camp. Campers who check in early may choose to visit the camp deli where they will be able to purchase a variety of food items, sandwiches, and drinks. Also we will have a camp store where T-shirts, hats, snacks, and drinks can be purchased daily. May God bless your trip and your camp experience!

Eternal Warrior Wrestling Camps
"IRON SHARPENS IRON"
Proverbs 27:17

Physician and Parent Release Form

_____ has been examined by me on _____ and my
examination has found no _____
(name of wrestler) (date)
medical reason to preclude his/her participation in competitive sports.

Physician's Signature

Date

PARENTS RELEASE

In consideration of _____ being allowed to participate in competitive sports, and

intending to be legally bound, I do hereby release and forever discharge the Eternal Warrior Wrestling Camps, all camp employees and volunteers, and Trego School District, their agents and their successors, from any/all

actions or suits in law or equity which I/We might hereafter have, by reason of injuries sustained by my child participating

in sports or in transit to or from participation in sports.

Mother's Signature

Date

Father's Signature

Date

Mother's Employer _____ Address _____ Phone _____

Father's Employer _____ Address _____ Phone _____

Insurance Covering Athlete: Blue Cross _____ Blue Shield _____ Major Medical _____ Other Coverage _____

Policy Number _____ Group # _____

Please check if you do not have Medical Insurance Coverage _____

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I have read the above and will comply:

Date

Parent or Guardian's Signature