

# CWF KID'S CAMP REGISTRATION

**KID'S NAME[S]** \_\_\_\_\_

**AGE[S]** \_\_\_\_\_

**PARENT[S] NAME[S]** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**STATE** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**PARENT[S] CELL PHONE #** \_\_\_\_\_

**PARENT[S] E MAIL** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO CWF..... DATE PAYMENT RECEIVED** \_\_\_\_\_

**WARNING!!! WRESTLING IS A CONTACT SPORT. IF YOUR CHILD DOES NOT LIKE CONTACT OR ROUGH-HOUSING AT HOME, THIS MAY NOT BE FOR THEM!!!**

I \_\_\_\_\_, AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED CHILD OR CHILDREN, VOLUNTARILY ASSUMES ALL RISKS OF ACCIDENTS OR DAMAGES TO HIS/HER PERSON OR PROPERTY INCLUDING LOSS OF LIFE, OTHER THAN LIABILITY FOR NEGLIGENCE OR INTENTIONAL ACTS OF THE PART OF THE CWF OR ITS EMPLOYEES. EXCEPT AS STATED HEREIN, THE CWF SHALL NOT BE LIABLE FOR ANY CLAIM, LIABILITY, DEMAND OF ANY KIND FOR OR ON THE ACCOUNT OF, PERSONAL INJURY OR DAMAGES, OR LOSS OF ANY KIND WHATSOEVER SUSTAINED BY ANY PARTICIPANT, HIS/HER PERSONAL REPRESENTATIVES, HEIRS OR EXECUTORS CAUSED BY NEGLIGENCE OR OTHERWISE.

**SIGN HERE** \_\_\_\_\_

**PLEASE PRINT, FILL OUT, AND MAIL, ALONG WITH A CHECK MADE OUT TO CWF TO:**

**CWF  
678 PAYTON WAY  
ROCKWALL, TX 75087**