

# Provide The Following

**Application to:**

Randy Burwick  
604 3rd st N  
Hettinger, ND 58639

**Make Checks Payable to:**

Randy Burwick  
Southwest Wrestling Camp

**Number of participants is limited. Get Registration in ASAP!**

I verify that my child has been check by a licensed physician and is able to participate in the camp. I agree to allow my child to be treated by a licensed physician while attending and to assume all costs related to such treatment, necessary. I authorize my insurance company to pay benefits to a licensed physician and/or the hospitals. If this application is accepted, there is no refund of deposit if we (parent/child) should cancel the application later.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: S M L XL XXL

Youth Size: S M L XL

Past Health: \_\_\_\_\_ Past Injuries: \_\_\_\_\_

Present Medications: \_\_\_\_\_ Drug Sensitivities: \_\_\_\_\_

Other Allergies: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Other Health Coverage: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_