

# THE HOWELL SYSTEM WRESTLING CAMP

Return this form and fee to:  
DICKY HOWELL  
268 Cambridge Rd. • Camden, DE 19934

NAME \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_  
COACH \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
YEARS EXPERIENCE \_\_\_\_\_ WRESTLING ACCOMPLISHMENTS \_\_\_\_\_  
T-SHIRT SIZE \_\_\_\_\_ ROOMMATE PREFERENCE \_\_\_\_\_

Please make checks payable to DICKY HOWELL  
For more information call Dicky at (302) 423-9623 or Brad (443)253-3430 or Kurt (302) 745-7437

## Liability Release

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ (Camper) a minor, ask that he/she be admitted to participate in the sports camp sponsored by The Howell System Mid-Atlantic Wrestling Camp. I do hereby agree to release, discharge and hold harmless The Howell System Mid-Atlantic Wrestling Camp, its owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

SIGNED \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DATE \_\_\_\_\_ NAME OF MEDICAL COVERAGE \_\_\_\_\_ IDENTIFICATION NUMBER \_\_\_\_\_

- FREESTYLE/GRECO ROMAN  
(July 6 - 10)  
 Resident \$390.00  
 Commuter \$305.00  
(Lunch & Dinner included)

- TECHNIQUE CAMP\*  
(July 6 - 10)  
 Resident \$390.00  
 Commuter \$305.00  
(Lunch & Dinner included)