Phoenix Wrestling Club Roots & Wings Project

Summer 2019

REGISTRATION FORM

Student Name:			Birthdate:	
	Last	First		
Home Address:				
Home Phone:			Alt Ph:	
E-mail:				

PARENT 2	
Full Name	
Phone	
Email	
Occupation	
Phone	
Policy No.	
bove named student who wishes to participate in the PWC Roots and ous injury. I further submit that my child is physically fit to norial School and PWC Roots and Wings organization of any ings Instructors, to act for me according to their best judgment in any ly responsible for the payment of any such medical expenses and to so understand that my payments are non refundable and non to does not abide by the rules is subject to dismissal without refund ITIAL	
DATE	
complete the Registration Form and submit, with payments will be accepted. Space is limited and SE ONLY) Session 1 Resiliency Camp nt: Session 2 Resiliency Camp Session 1 Phoenix High Point	

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