

The 2010 Competitive Edge Wrestling Camp Application

Please print application and mail to address below

Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Parent's Business Phone/Cell (_____) _____

E-mail _____

Age _____ Grade Completed _____

School _____ Coach _____

June 26 - June 30 SESSION:

Tuition - Please Check One:

Resident \$459 _____ **Day Student** \$375 _____

Roommate Request _____

PARENTAL CONSENT STATEMENT

I have read and understand everything outlined in this summer camp brochure. I agree not to hold The Competitive edge, Ltd. or Pomfret School, or anyone associated with their wrestling camp program responsible or liable for any accident, medical, dental or any other expense incurred as a result of my child's participation at camp. I have also read and agree to the camp regulations.

In case of injury, you have my permission to give my child first aid or take him/her to a doctor or hospital to be treated.

(Parent or Guardian Signature)

(Date)

MAKE CHECKS PAYABLE TO: The Competitive Edge

Mail Application and Deposit to: 20 Quail Drive
Rocky Hill, CT 06067

***We accept Mastercard/Visa - Please call to pay by credit card. Add 5% to cover transaction fees.**

Deposit: A \$190.00 deposit must accompany this application. The balance is due one week prior to start of camp. Each camper is required to take out an insurance policy at camp (\$15.00).

***This Deposit is Non-Refundable After June 14th, 2010.**

Additional information including directions, medical and what to bring will be sent with letter of confirmation after deposit is received.