

**APPLICATION**  
**2012 BOB GUZZO'S ATLANTIC COAST WRESTLING CAMP, LLC.**  
**June 28-July 1**

Enroll \_\_\_\_\_ Day Camper \_\_\_\_\_ Boarding Camper \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Age \_\_\_\_\_ Years of Wrestling Experience \_\_\_\_\_ Weight \_\_\_\_\_

Grade Next Year \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

Coaches Name \_\_\_\_\_

Club Affiliation \_\_\_\_\_ Club Coach's Name \_\_\_\_\_

Father's Enrollment for Father-Son Experience

Name \_\_\_\_\_ as Day \_\_\_\_\_ Boarding \_\_\_\_\_ 4Day \_\_\_\_\_ 2Day \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any medical condition we should know about?

**Include a non-refundable deposit of \$100.00**  
**Make Check payable to Bob Guzzo and return application to:**  
**Bob Guzzo, P.O. Box 12778, Raleigh, NC 27605**

Waiver And Release: In consideration of my application being accepted, I, intending to be legally bound, do hereby, for my self, my heirs, executors and administrators, waive, release and forever discharge and all rights and claims for damages, which I may have or which may hereafter accrue to me against Bob Guzzo, The Atlantic Coast Wrestling Camp LLC, The University of North Carolina Wilmington or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in, and for arising out of my traveling to or returning from said Atlantic Coast Wrestling Camp, LLC to be participated on the campus of the University of North Carolina Wilmington. The camp director has permission to seek medical attention for our son or daughter, and grant permission for the physicians and staff to provide medical treatment in the event of injury or sickness. Due to professional video contract commitments, video taping, copying, displaying, distributing imagery of the instructors, camp facilities, or camp activities is prohibited and unlawful. As parent(s) or legal guardian(s), we have also been informed that various skin conditions are presentable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention cannot be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling.

Signed \_\_\_\_\_ Signed \_\_\_\_\_  
(Parent or Guardian) (Applicant)