

Boudro Wrestling
2024 TEAM CAMP REGISTRATION FORM

Circle which camp you are attending:

Camp 1: June 12-15 - Camp 2: June 16-19

**Upon completion of this registration form, sign waiver, enclose payment
and mail to: Boudro Athletics, 2529 Gee Drive | Lowell, MI 49331**

Wrestler Name: _____ Team Name: _____
Address: _____ City & State: _____
Phone: _____ T-Shirt Size: _____
Email Address: _____

Camp Fee: \$335.00/wrestler (Checks payable to Boudro Athletics)

- **Price includes 3 nights lodging, 4 days of great training and competition, all meals (9), and a camp t-shirt. Lunch and dinner at local restaurants included in price of camp!**

**RELEASE, ASSUMPTION OF RISK, AND INDEMNIFICATION
AGREEMENT***

In consideration of my participation in this event and with the understanding that my participation in the event is only on the condition that I enter into this agreement for myself and my heirs and assigns, I assume the inherent and extraordinary risks involved in wrestling, in the use of the facilities and equipment provided to me, and in any other activities connected with this event in which I may voluntarily participate. I expressly assume the risk of and accept full responsibility for any and all injuries (including death) and accidents that may occur as a result of my participation in this event and release from liability Boudro Athletics, LLC and its members, agents, representatives, and employees, the City of St. Ignace, MI and its Recreation Department, and their respective board members, agents, representatives, and employees. I waive any claim I may later have as a result of any and all injury to my person or property as a result of my participation in the event, my use of any facilities and equipment, and any other activities connected with this event in which I may voluntarily participate.

I agree to indemnify all of the persons named above for all claims, including attorney fees and costs, that may be brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property that may occur as a result of the event. I also agree that this release and all its particulars include other individuals, volunteers, advertisers, participants, staff, sponsors, hosts, and other officials that are assisting with or connected to the event.

I understand that wrestling is a physical sport and that physical injury may result. ***I certify that I have read and fully understand this release.*** I am of lawful age and legally competent to make this agreement, or execute this agreement as parent or guardian on behalf of _____.

Parent/Guardian Signature: _____

Print Name: _____ **Date:** _____

Emergency Contact Phone Number: _____

*The wrestling activities for this event include the following:

- Camps, Practices, Wrestling technique instruction in private, individual sessions and practice situations, Competitions, Intense wrestling, Strength and conditioning exercises (including: weight-lifting, speed and agility training)

For more information, Contact R.J. Boudro:

Boudro Athletics | 2529 Gee Drive | Lowell, MI 49331 | Phone: 586-855-2073

Email: rjboudro@gmail.com