

ACT Wrestling Camp Application Form

7-9 APRIL 2017

Australian Institute of Sport

PLEASE NOTE THAT WRESTLING SHOES MUST BE WORN AT ALL ON-MAT SESSIONS

Name _____

Address _____

Date of Birth _____

Legal Guardian (if applicable) _____

Coach/Club _____

Weight _____

Allergies or Medical Issues _____

Current Wrestling
Activities/Experience _____

Future Goals in
Wrestling _____

Goals for the Camp (what you hope to get out of
it) _____

Signature _____

Date _____

Guardian Signature (if applicable) _____

Date _____