



**COMMUNITY  
WRESTLING CLUB  
WRESTLING CLINIC**

**Clinician:**

Lilly Luft University of Iowa Women's Wrestling  
June 14, 2024 3-5pm \* Harlan Community High School  
Walk-ins Welcome \$30

# Clinic Registration Form

MAIL REGISTRATION FORM AND  
\$30 CHECK

MARY STEPHENS  
302 Hill Street  
Harlan, Iowa 51537

EMAIL REGISTRATION FORM AND  
\$30 VENMO

Venmo @MStephens-26  
Email: mstephens4826@gmail.com

DATE OF REGISTRATION

/   /

## PERSONAL INFORMATION

Student Name:

Grade:

Address:

Date of Birth :

  /   /  

City/State

Parent Email :

Zip Code

Student Gender :

Male

Female

Emergency

Contact Name:

Parent Phone:

Parent Signature

I certify that the child named has my permission and is physically able to participate in the camp/clinic activities. I accept full responsibility for his/her behavior and participation. I waive all claims for injury against the participating coaches, athletes, and the school district. I understand I am responsible for carrying health insurance and/or accident insurance for this activity and that primary insurance is not provided by the host of this event.

**COST \$30 - Make Check payable to Harlan Community Wrestling Club**

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**HARLAN COMMUNITY HIGH SCHOOL :**

A : 2102 Durant Street, Harlan Iowa  
C: Mary Stephens  
P: (712) 579-6992 E: mstephens4826@gmail.com  
Venmo: @MStephens-26

**THANK YOU**

**FOR YOUR REGISTRATION**

Harlan Wrestling Club Board