



## **2005 Christmas Wrestling Camp**

**GIA SISSAOURI**

**5 TIME WORLD MEDALIST  
10 TIME CANADIAN CHAMPION  
PAN AMERICAN GAMES CHAMPION  
SOVIET UNION NATIONAL CHAMPION  
WORLD CHAMPION**

Tuesday, December 27 <sup>th</sup> , 2005	4:30 pm – 6:30 pm
Wednesday, December 28 <sup>th</sup> , 2005	10 am – 12 noon & 4:30 pm – 6:30 pm
Thursday, December 29 <sup>th</sup> , 2005	10 am – 12 noon & 4:30 pm – 6:30 pm
Friday, December 30 <sup>th</sup> , 2005	10 am – 12 noon

To be held at the University of Regina  
Centre for Kinesiology, Health & Sport  
Combatives Room (CK 222)  
Grades 1 – 12  
Camp Cost: \$60.00

**To Register:**

Mail: Recreation & Athletic Services (RAS),  
Room 170, University of Regina, S4S 0A2  
Fax: (306) 337-2691 (VISA & MC Payments Only)  
In Person: Room 170 (Centre for Kinesiology, Health and Sport)  
Phone: (306) 585-4371 (VISA & MC Payments Only)

**For more Information call Leo McGee @ 585-4067  
Or Email: [leo.mcgee@uregina.ca](mailto:leo.mcgee@uregina.ca)**



# UNIVERSITY OF REGINA

## Registrant Information:

Male     Female

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Adult or Youth)

Saskatchewan Amateur Wrestling Association Membership: Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any medical conditions the staff should be aware of?  Yes  No If yes, provide details:

## Parent/Guardian Information:

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address if different than Registrant: \_\_\_\_\_

Parent/Guardian

Date of Birth: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## Emergency Contact Information (if different than Parent/Guardian):

Name: \_\_\_\_\_ Relationship to Registrant: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

### **Refund Policy**

There will be a \$10.00 administration fee charged for all refunds requested with at least 8 working days or more prior to the first day of the program/class. There will be a 50% administration fee within 7 days prior to the start of classes. No refunds will be issued after the start of any session except for medical reasons (A doctor's note is required). A pro-rated refund, less the \$10.00, will be given for medical withdrawals. A \$10.00 course transfer fee will be assessed for any course changes. The University of Regina reserves the right to cancel classes due to insufficient registration. If this occurs, a full refund will be issued.

### **Waiver**

As a condition of registration, the registrant and/or parent/guardian agrees that the University of Regina and/or proprietors will not be held responsible for any accidents or loss, however caused, and agrees to release same from all claims or damages which may arise as a result of or by any reason of such accidents or loss. I hereby acknowledge that certain RISKS of INJURY are inherent in participation. ASSUMPTION OF THOSE RISKS AND RESULTS may be associated with my participation or that of my child. The participant and parent or guardian knows to the best of their knowledge that the participant is physically and mentally able to participate in all activities of the camp, class or course. I acknowledge that it is the responsibility of the parent/guardian or participant to disclose any necessary medical information that you feel the University of Regina staff should be aware of. The registrant and or parent/guardian agree to grant permission for any medical services to be rendered in the event that such is needed. Participation acknowledges acceptance of above.

### **ALL FEES MUST BE PAID IN FULL AT TIME OF REGISTRATION**

\_\_\_\_\_  
(Registrant, Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

### Office Use Only

Method of

Payment:  Cash     Cheque     Visa     MasterCard     Debit Card

Amount Total: \$ \_\_\_\_\_

CC #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_