

# PIONEER DIAMONDBACKS



**Who:** Wrestlers age 8-18

**What:** Diamondback Wrestling Camp

**Where:** Sharyland Pioneer High School  
10001 N. Shary Rd. Mission, TX 78572

**When:** June 3-5, 2019. 12:00 PM-500 PM  
Each Day

**Total Cost:**  
\$10 for Sharyland ISD  
Students  
  
\$50 for Non-SISD  
Students

Register online at [www.sharylandisd.org](http://www.sharylandisd.org)

Or

Print This Form and Make Checks Payable to  
**Pioneer Wrestling**

**Mail to:**

Sharyland Pioneer High School Athletics  
Attn: Head Wrestling Coach  
10001 N. Shary Rd.  
Mission, TX 78574

PARENTAL RELEASE FORM: (Please complete, sign and return with your registration fee.)

Athlete Name: \_\_\_\_\_  
Grade in 17-18: \_\_\_\_\_ What school? \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact Phone # \_\_\_\_\_

I certify that \_\_\_\_\_ has my permission to participate in the Diamondback Wrestling Camp. I authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I agree to hold harmless and indemnify Sharyland I.S.D and its employees in the event of injury. I know of no mental or physical problems which may affect my child's ability to safely participate in this wrestling camp.

PARENT  
SIGNATURE \_\_\_\_\_  
PARENT CONTACT DURING CAMP:

NAME: \_\_\_\_\_  
Best contact Phone # \_\_\_\_\_