



1 Commercial Ave. Garden City, NY
JFrancowrestling@gmail.com
www.Lawwrestlingacademy.com
 914-755-1355

Come join us for our Winter Break Mini camp. Law Wrestling Academy Camp is a great way to improve your technique to finish off this season on top. You will learn proper technique from experienced coaches, Great match strategy to win the big matches, and the proper ways to chain wrestle. This camp is the best way to improve your technique and start achieving your goals for this season.

<p>Jamie Franco</p> <ul style="list-style-type: none"> • Head Wrestling coach at Law Wrestling Academy • Asst. coach at Hofstra University • 4 year Starter for Hofstra Univ. • 3x Division 1 NCAA Qualifier • Ranked as high as 12th in the country • 5x NYS Place Finisher • NYS Champion • High School All-American 	<p>Date: 2/19-2/22 Time: 9am-11am Ages: 1st-8th grade All Members and Non-members Welcomed COST: \$75 for the week \$25 per day</p>
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LAW WRESTLING CAMP REGISTRATION FORM

CAMPERS NAME: _____

AGE: _____ **WEIGHT:** _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____

Email: _____

USA WRESTLING CARD NUMBER: _____

SCHOOL NAME: _____

Winter Camp \$75

Pay By (CHECK ONE): Check Cash Credit Card

Name _____ **CC#** _____

Exp _____ **CVC** _____ **Zip code** _____

A receipt will be emailed to you following any transaction.

Email _____

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in Law wrestling academy Summer Wrestling Camp. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury, which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child. I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the LAW MMA and Fitness, coaches and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

****NO REFUNDS****

Parent/Guardian Signature: _____ **Date:** _____