

# SAVAGE WRESTLING CAMP

JULY 30TH-31ST

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**WALK-IN  
REGISTRATION  
\$100**

**ALL  
WRESTLERS  
WELCOME !**

**Location:** Wantagh Middle School, 3299 Beltagh Ave, Wantagh, NY, 11793. Contact Justin Accordino- (570) 709-9105 or [savagewrestlingclub@gmail.com](mailto:savagewrestlingclub@gmail.com)

# SCHEDULE

# CLINICIANS

## Registration

8:30-9:00AM

## Monday, July 30th

Session I: 9:00-11:00AM

Lunch: 11:00/12:00PM

Session II: 12:00/2:00PM

## Tuesday, July 31st

Session I: 9:00-11:00AM

Lunch: 11:00/12:00PM

Session II: 12:00/2:00PM



## Joe Dubuque

- Princeton University Assistant Coach
- 2xNCAA National Champion
- 3XNCAA All-American
- 2xNew Jersey State Champion



## Justin Accordino

- Chaminade HS Assistant Coach
- NCAA All-American
- 2xPIAA State Place winner
- NHSCA National Champion
- Fargo Freestyle/Greco All-American



## P.J. Gillespie

- NCAA A All-American
- 2xCAA Conference Champion
- New York State Champion
- Fargo Greco All-American

# Parental Waiver and Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ USA Wrestling Card Number: \_\_\_\_\_  
School Name: \_\_\_\_\_

## Parental Waiver and Consent:

As a parent/guardian of the child named above, I hereby give my consent and approval for my child to participate at Savage Wrestling Club. I certify that my child is in good 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 may involve physical contact and there are certain risks of injury inherent in the practice 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 club authorities and/or for transportation to a hospitals emergency room for illness or injuring 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 Savage Wrestling Club, its officers, coaches, and representatives for any injury that may be suffered by my child in the normal course of participation and activities incidental to it.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_