

SAVAGE WRESTLING PRESENTS THE CHAMP CAMP

JOE DUBUQUE

Princeton University Assistant Coach
2xNCAA National Champ
3xNCAA All-American
2X New Jersey State Champ



JULY 25TH

Registration: 8:30-9:00am
Session I: 9:00-11:00am
Lunch: 11:00-12:00pm
Session II: 12:00-2:00pm

JULY 26TH

Registration: 8:30-9:00am
Session I: 9:00-11:00am
Lunch: 11:00-12:00pm
Session II: 12:00-2:00pm

PREREGISTRATION

ONLY \$100

WALK-IN REGISTRATION

\$120

CONTACTS

savagewrestlingclub@gmail.com
(570) 709-9105

FOOD & DRINKS

Pizza and drinks available for purchase.

LOCATION

Wantagh Middle School, 3299
Beltagh Ave, Wantagh, NY,
11793.

Preregistration runs from May 1st through June 15th, and will be open to the first 40 wrestlers. All preregistered wrestlers will receive a SWC/Dubuque Trained T-Shirt.

- Preregistration (May 1st-June 15th)- \$100
- Walk-In Registration (July 25-26th)- \$120
- Checks payable to: Wantagh Wrestling
- Mail: Registration, Waiver, and Check to Justin Accordino, 345 E Market St, Long Beach, NY, 11561

REGISTRATION FORM: **ONLY PREREGISTERED CAMPERS GET TEE SHIRTS**

T-shirt size: YS * YM * YL * YXL * AS * AM * AL * AXL * AXXL

Name: _____ School: _____ Age: _____

Grade: _____ Weight: _____ Address: _____

Parent Name: _____ Phone: (____) _____

Emergency Contact: _____ Emergency Phone: (____) _____

Allergies or Health concerns: _____

USA Card #: _____

*****No Refunds*****

PARENT/GUARDIAN WAIVER AND RELEASE FORM

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off Savage Wrestling club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Parent or Guardian's Name: (print)

Parent or Guardian's Signature:

Date: ____/____/____