

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_