

GENERALS **GIRLS** WRESTLING CAMP **2024**

presented by
FiveStar and Town Wrestling Club

JULY 29 - AUGUST 1, 2024

DAILY CHECK IN: 8:45AM

TIME: 9AM - 1PM

6th Grade through 12th Grade

MacArthur HS Wrestling Room

ONLINE REGISTRATION

LINK: <https://form.jotform.com/241184873573161>

WALK-IN

(CHECK/CASH ONLY)

USA Wrestling
Card Needed

\$100 club member

\$150 non-club member
without USA card



Staff and Clinicians Include:

MacArthur HS Coaches
 FiveStar / Town Wrestling
 Coaches
 Local College & HS Coaches
 Guest Collegiate Wrestlers

**6TH Grade
 through
 12TH Grade**

Question or Concerns:
 Contact:
 Rob Paletta
 (516) 307-7339
 or
 fivestar.town.wrestling
 @gmail.com

2024 GENERALS GIRLS CAMP



**USA Wrestling
 Card Needed**

\$100 club member

\$150 non-club member
 without USA card
 (we will purchase card
 for you)

PRESENTED BY FIVESTAR /TOWN WRESTLING

JULY 29 - AUGUST 1, 2024
TIME: 9AM - 1PM
@ MACARTHUR HS

**ONLINE REGISTRATION
 OR WALK-IN (CASH ONLY)**

Wrestler Must Bring
 wrestling shoes,
 shorts, tee-shirt
 and water

All sessions will be
 held at:
**MACARTHUR
 HIGH SCHOOL
 (wrestling room)**

REGISTER ONLINE AT: <https://form.jotform.com/241184873573161>

Name: _____ Grade: _____ Date of Birth _____

Address: _____ Town: _____ Zip: _____

Email Address: _____ Telephone # _____

Parent Contact Name: _____ Emergency # _____

School _____ Approximate weight: _____ USA Card #: _____

Parent/Guardian Medical Waiver and Release Form

You agree that you are aware that the child named above 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 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 the 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 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/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.

Wrestler's Name _____ Grade _____

Date _____ Parent Signature _____