

Summer Camp 2023

July 17 - July 20 - 9:00 -2:00 pm

Cost: \$300

Location: St. Anthony's High School

This unique camp is open to all abilities in grades 3-12.

Campers will receive instruction in all aspects of wrestling; takedowns, finishes, pinning combinations, diet and nutrition, mental attitude and weight training in our state of the art weight training facility. Campers will be exposed to various styles and techniques from around the country. Camp will consist of daily technique and drill sessions. There will also be plenty of opportunity for live wrestling against fellow campers and clinicians.

<sup>\*</sup>Campers can bring their own lunch or purchase lunch in the cafeteria daily. There will be MMA shorts, shirts and other apparel for sale throughout the camp.

## Mail Checks and Applications to: Quiet Storm East

156 Colonial Springs Road

Wheatley Heights, NY 11798

Send Inquiries/Questions to: massivetw@hotmail.com Or call: (631) 872-4348 PLEASE BE SURE TO COMPLETE THIS APPLICATION FORM. INCOMPLETE APPLICATIONS WILL BE RETURNED Quiet Storm East Wrestling Camp 2023 APPLICATION Student's Name: Address: Home Phone:(\_\_\_\_) \_\_\_\_\_\_Parent Cell Phone:\_(\_\_\_\_) \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_Emergency Contact Phone: \_\_\_\_\_ Date of Birth:\_\_\_\_\_\_Grade/Fall 2023:\_\_\_\_\_School/Fall 2023:\_\_\_\_ Please list any medication your child is taking at this time Medications: Date of Last Physical Immunization Complete: YES NO \*I certify that this child is physically fit for participation in Quiet Storm East Wrestling Camp without restrictions. Physician Signature: \_\_\_\_\_\_Date: \_\_\_\_\_ Required for Registration 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 Quiet Storm East 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 contract 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 St. Anthony's High School, its officers, 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. Parent/Guardian Signature: Date:\_\_\_\_\_