

The logo for the Squiet Storm Wrestling Club features the word "SQUIET" in a bold, italicized, sans-serif font with a yellow outline and black fill, positioned above the word "STORM" in a larger, more stylized font with a jagged, lightning-bolt-like tail on the right side. Below "STORM" is the text "WRESTLING CLUB" in a bold, italicized, sans-serif font with a black fill and yellow outline.

# **SQUIET STORM WRESTLING CLUB**

Summer Camp 2024

Open to boys and girls

July 29 - August 1 – 9:00 -2:00 pm

Cost: \$325

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.

\*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](mailto: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 2024 APPLICATION

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/Fall 2024: \_\_\_\_\_ School/Fall 2024: \_\_\_\_\_

Please list any medication your child is taking currently.

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 have 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 contact 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 all costs regarding medical attention and treatment for 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: \_\_\_\_\_