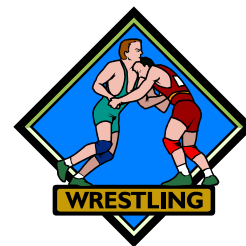


2019 Summer Wrestling Camp @ Snowflake HS



When: June 13th – 15th, Registration will be from 10am-12pm at Snowflake High School,
2nd St. West, Snowflake, AZ 85937

Camp Schedule:

*Included with the camp fee,
Wrestlers will be provided 4 meals
throughout the camp duration.
**Bring additional money for at least
one meal a day.**

Thursday June 13th

10am-12pm Registration
2pm-4pm Session 1
6pm-8pm Session 2

Friday June 14th

7am-9am Session 3
12pm-2pm Session 4
5pm-7pm Session 5

Saturday June 15th

7am-9am Session 6
12pm-2pm Session 7

All participants will be free to leave at anytime after Session 7 on Saturday.

Purpose of program: To instruct students in fundamental wrestling skills, develop new skills and get mat time with new partners.

| | | | |
|-----------------|---|---|---|
| Contact: | Tracy Dent Boulder Creek Head Coach 623-694-7978 tdent152@yahoo.com | Craig Terhaar Goldwater Head Coach 602-762-1668 craig1033@hotmail.com | Clay Bryant Snowflake Coach 928-423-3022 bryantclay47@gmail.com |
|-----------------|---|---|---|

REGISTRATION FORM

PARTICIPANT'S NAME: _____ Grade: _____

School _____ Date of Birth: _____

Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

COURSE TITLE: 2019 Summer Wrestling Camp @ SHS Email: _____

Make check in amount of **\$150** payable to **Jaquar Mat Club**. Bring check or cash only, to registration. To the best of my knowledge, this student/participant does not have any health problems that would be harmful to him/her while participating in this community schools program. Be it known that I, the undersigned parent/guardian/participant of the named student/participant, do hereby give and grant unto the instructor my consent and authorization to render such aide, treatment or care to said participant as, in the judgment of the instructor, may be required on an emergency basis, in the event said participant should be injured or stricken ill, it is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the length of the program. If emergency service involving medical action or treatment is required and neither the parents nor guardians can be contacted, I hereby consent for the participant to be given medical care by the doctor selected by the instructor. (Participant must have medical insurance to participate.)

NAME OF PARTICIPANT: _____

PARENT/GUARDIAN/PARTICIPANT (if over 18) SIGNATURE: _____

INSURANCE COVERAGE COMPANY: _____

POLICY NUMBER: _____ GROUP # _____