

CAMP APPLICATION

WRESTLER _____

ADDRESS _____

CITY _____

PHONE # _____

E-MAIL _____

SCHOOL _____

GRADE _____ WEIGHT _____

In consideration of my son/daughters acceptance in the Fondy Spring Wrestling program, I my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims or rights to damages for injuries in training or traveling to or from or any phase of the program. I also give my authorization in case of injury for emergency medical treatment.

PARENT _____

PARENT'S SIGNATURE _____

WRESTLER'S SIGNATURE _____

Fondy SPRING WRESTLING CAMP

March 9th – April 29th



WRESTLING CAMP FOR GRADES 3-12

- 3/12 Random Lake (HS only)
- 3/28 UW Whitewater
- 4/3 open
- 4/10 Franklin
- 4/17 Oconto Falls
- 4/24 Freestyle State – WI Rapids
- 4/25 Greco State – WI Rapids

Wrestler must select five of the above and promise to attend and wrestle both styles. The club will take care of USA Card and entry fees for the five.

CAMP FORMAT

Sessions will focus on Freestyle/Greco instruction w/drills & live wrestling.

SESSION TIMES:

See web site at <http://www.fonddulacwrestling.com/summer.html>

SESSION SCHEDULE :

Practices begin March 9th and run to the beginning of the Summer program, which starts May 4th.

SESSION LOCATION:

See web site at <http://www.fonddulacwrestling.com/summer.html>

SESSION COST:
\$50 EACH

PLEASE FILL OUT THIS FORM WITH A CHECK PAYABLE TO "Fond du Lac Wrestling Club" AND SEND TO:

Scott Roffers
W6918 Riverview Ct.
Fond du Lac, WI 54937