



THE CHAMP CAMP ft. JOE DUBUQUE

Day 1: Thursday, July 25th
Walk-In Registration: 8:30-9:00am
Session 1: 9:00-11:00am
Lunch- 11:00-12:00pm (Pizza and drinks available for purchase)
Session 2: 12:00-2:00pm
Meet and Greet: 2:00-2:30pm

Day 2: Friday, July 26th
Walk-In Registration: 8:30-9:00am
Session 1: 9:00-11:00am
Lunch: 11:00-12:00pm (Pizza and drinks available for purchase)
Session 2: 12:00-2:00pm
Meet and Greet: 2:00-2:30pm

Location: Wantagh Middle School, 3299 Beltagh Ave, Wantagh, NY, 11793
Please contact Justin Accordino for any questions: (570) 709-9105 or Savagewrestlingclub@gmail.com

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Preregistration: May 15th- June 30th ****Cost: \$100***Make Checks Payable To:** Wantagh Wrestling***** Mail:** Registration, Waiver, and Check to Justin Accordino, 345 E Market St, Long Beach, NY 11561

Preregistration T-shirt Size: YS * YM * YL * YXL * AS * AM * AL * AXL * AXXL

Name: _____ School: _____

Email: _____ Age: _____ Weight: _____

Address: _____

Parent Name: _____ Parent Phone:(_____) _____

Emergency Contact: _____ Emergency Phone:(_____) _____

USA Card #: _____

Allergies or Health concerns: _____

PARENT/GUARDIAN WAIVER AND RELEASE FORM

You agree that you are aware that the child named below 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 of 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 Savage Wrestling club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue Savage Wrestling Club, our employees, owners, school district, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will 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 or 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.

Parent or Guardian's Name: (print) _____

Parent or Guardian's Signature: _____

Date: ____/____/____