

# SAVAGE WRESTLING PRESENTS THE CHAMP CAMP

## JULY 25TH

Walk-In Registration: 8:30-9:00am

Session I: 9:00-11:00am

Lunch: 11:00-12:00pm

Session II: 12:00-2:00pm

## JULY 26TH

Walk-In Registration: 8:30-9:00am

Session I: 9:00-11:00am

Lunch: 11:00-12:00pm

Session II: 12:00-2:00pm



## JOE DUBUQUE

Princeton University Assistant Coach

2xNCAA National Champ

3xNCAA All-American

2X New Jersey State Champ

## USA CARD

ALL WRESTLERS MUST HAVE A VALID  
USA WRESTLING CARD.

PREREGISTRATION - \$100

WALK-IN REGISTRATION - \$120

## FOOD & DRINKS

PIZZA AND DRINKS WILL BE AVAILABLE  
FOR PURCHASE.

LOCATION: Wantagh Middle School, 3299 Beltagh Ave, Wantagh, NY, 11793.

Please contact Justin Accordino of any questions: (570) 709-9105 [savagewrestlingclub@gmail.com](mailto:savagewrestlingclub@gmail.com)

## **THE CHAMP CAMP FT. JOE DUBUQUE**

### **PREREGISTRATION FORM** **\*\*ONLY PREREGISTERED CAMPERS GET TEE SHIRTS\*\***

**Preregistration:** May 1st - June 15th **\*\*\*Price:** \$100 **\*\*\*Make Checks Payable To:** Wantagh Wrestling

**Mail: Registration, Waiver, and Check to Justin Accordino, 345 E Market St, Long Beach, NY, 11561**

T-shirt size: YS \* YM \* YL \* YXL \* AS \* AM \* AL \* AXL \* AXXL

Name: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Weight: \_\_\_\_\_ Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Phone(\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone(\_\_\_\_) \_\_\_\_\_

Allergies or Health concerns: \_\_\_\_\_

**\*\*\*No Refunds\*\*\***

### **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 the club, our employees, owners, 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: \_\_\_\_/\_\_\_\_/\_\_\_\_