**All-American Wrestling Camp @ Delaware Valley**

***Hosted By: Delaware Valley HS & Tin-Man Wrestling Club***

*July 9-12, 2012 (Monday-Thursday)*

*10-12 pm*

*1-3 pm*

***AGE GROUP (3rd-12th Grade)***

***Camp is intended for wrestlers with Experience***

**Cost: Commuters only**

**$120 per athlete for all sessions**

**$90 Additional Siblings**

**Mail Form & Check to Delaware Valley HS**

**Attn: Lou DeLauro**

*102 Rim Rock CT.*

*Milford, PA 18337*

**Notes: Limited to the first 100 wrestlers. Open to all ages. Bring Your Lunch. Direct any questions to Lou DeLauro-** [**ld2364@yahoo.com**](mailto:ld2364@yahoo.com) **or 570-677-2759 Location:** Delaware Valley High School

252 Route 6 & 209

Milford, PA 18337

**Camp Director:**

**Lou DeLauro-** Delaware Valley HS Varsity Wrestling Coach

Tin-Man WC Head Coach

PA Team State Top 8 Finish

**Guest Clinicians:**



**Joe Kennedy Rob Hamlin Justin Accordino**

197 lbs Lehigh U. 184 lbs. Lehigh U. 149 1bs. Hofstra U.

4 x National Qualifier 2011 NCAA Finalist 2012 NCAA All-American

2012 NCAA All-American 2x NCAA ALL-American 2 X NCAA Qualifier

PIAA State Champion 4 X Vermont State Champ Junior National Champion

3X National Qualifier

**Camp Application**

**Wrestlers Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/ Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Ins. Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give my son permission to attend and participate in the 2012 All-American Wrestling Camp at the Delaware Valley High School beginning on Monday July 9th and concluding on Thursday July 12th. I understand that his participation in this event involves risks and dangers that could result in serious bodily injury. I also understand that the Delaware Valley wrestling and its staff as well as the Delaware Valley School District will not assume any responsibility for any accidents, medical or dental or any other expenses incurred as a result of this event. I verify that my son has medical insurance and a physician has determined that he is physically able to participate in the 2012 All-American wrestling camp I agree to allow my child to be treated by a certified trainer or licensed physician while attending (if necessary).**

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**Parent/ Guardian Signature Date**