**WRESTLING CAMP**

**The FRIENDS OF SECTION 9 WRESTLING CAMP**

**FOR WRESTLERS IN GRADES 3 thru 9**

at Hum’nbirds Baseball facility /Lone Wolf Cross Fit 688 Route 17K, Montgomery, NY

# REGISTRATION FORM

# Name: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_

Name of High School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_

Home Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Parent: E-Mail address:  |  |  |
| Wrestlers Cell Phone:  |  |  |
|  Parent Cell Phone: |  | Circle: Mom or Dad |
| Wrestlers Home Phone:  |  |  |

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|  |  |
| --- | --- |
| Parent/Guardian #1 Name: |  |
|  Parent/Guardian #2 Name: |  |
| Address and Phone (if Different): |  |
|  Insurance Carrier: |  |
| Physical disabilities or problems (please list): |  |

**CAMP FEE $100**

 **Monday 7/13- Friday 7/17**

**9:00 am to Noon**

**(Beginners in Grades 3 thru 9)**

**(We must have at least 30 wrestlers signed up by July 1 to be able to run the camp)**

**FEE:** Checks\* made payable to:

FRIENDS OF S9 WRESTLING

 Mail to: **FS9 Wrestling Club**

17 Cardinal Ct.

Newburgh, NY 12550

or Email to: JEFFCUILTY@GMAIL.com

**EMERGENCY INFO:**

In case of emergency we will call the above numbers. If they cannot be reached: Name to Call:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family doctor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**No session if school is closed for snow. Additional practice sessions maybe added to Session 2.**

Probable Tournament Dates: Saturdays: 3/7, 3/14, 3/21, 3/28, 4/4, 4/11, and 4/18

**For more info contact:**

Coach Jeff Cuilty

**845-561-7792**

JeffCuilty@HVC.RR.com

For office use only: \_\_\_ Cash

 \_\_\_ Check Ck# \_\_\_\_\_\_\_

 Proof of NYWAY membership

 Initials verified on date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please note: **NYWAY $17 annual membership is required** for insurance. You must show current proof of NYWAY membership to be able to participate at the camp. Go to **NYWAY.org** to register.

**Medical Waiver on next page must be signed by Parent/Guardian**

**WRESTLING CAMP**

**The FRIENDS OF SECTION 9 WRESTLING CAMP**

# MEDICAL WAIVER

* **I give my child permission to attend and participate in the 2015 Friends of Section 9 Wrestling Camp at the facility at 688 Route 17K, Montgomery, NY: beginning on Monday July 13th and concluding Friday, July 17.**
* **I understand that their participation in this event involves risks and dangers that could result in serious bodily injury.**
* **I also understand that the Friends of Section 9 Club and its staff as well as the facility at 688 Route 17K, Montgomery 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 child has medical insurance and that a physician has determined that they are physically able to participate in the 2015 Friends of Section 9 Wrestling Camp.**
* **I verify that my child has a current NYWAY membership in effect thru the end of the camp. (Memberships are available at NWAY.org)**
* **In the event of an injury I agree to allow my child to be transported by ambulance to a local hospital. (In the event of an injury, the camp staff will make reasonable effort to contact the parent or person listed as the Emergency contact to make them aware of the injury).**

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 Signature of Parent or Guardian Date