

2018 RED WOLVES WRESTLING CAMP



MONDAY JULY 9th - WEDNESDAY JULY 11th
OPEN TO BOYS AND GIRLS
Grades K THROUGH 8th
9:00 AM - 12:00 PM

Clip here and save top section for the dates!

Campers will receive t-shirts and prizes

**BOYS and Girls GRADES K through 8th - JOIN US FOR 3 DAYS
OF WRESTLING INSTRUCTION AND MATCHES AT THE
CEDARCREST HIGH SCHOOL WRESTLING ROOM IN DUVALL**

BRING CLEAN SHOES FOR INDOOR PLAY AND COME DRESSED TO WRESTLE!

COST: \$90 FIRST CAMPER \$50 PER ADDITIONAL SIBLING (checks payable to CHS)

Coached by the Cedarcrest High School Wrestling Coaching Staff and Wrestlers

This camp focuses on introducing the fundamentals of wrestling through fun games and live drills which include:

- Wrestling Fundamentals
 - Conditioning Drills
 - Technique Drilling
 - Competitive Wrestling/Sparing and Games
 - Wrestling Mindset
 - Other Fun Competitions

Our Goal is to introduce wrestlers to the skills and techniques they can work on during the off season to improve their wrestling to the highest level! Students will leave camp with simple drills that they can work on at home, every day.

Register by completing the form below and the emergency form on the reverse side of this flyer and return it with a check to the address at right.

PLAYER NAME: _____

AGE: _____ GRADE IN FALL 2018: _____

TEL. NO.: _____

EMAIL (optional): _____

YOUR SCHOOL: _____

SESSION (circle): **I** **II** **III**

T SHIRT SIZE (circle) Youth S M L Adult S M L XL

2018 Wrestling Camp July 9th through July 11th

Mail your registration to:

Red Wolves Boys Wrestling Camp
c/o Mark Ward, Head Coach
Cedarcrest High School
29000 NE 150th St.
Duvall, WA 98019
*Questions? Call Coach Ward
@ 206-718-3364 or
email landscriber@hotmail.com*

Emergency Medical Treatment Authorization

Player Name _____

Parents/Guardian Name _____

Telephone _____ Cell Phone _____

Address _____

Parent/Guardians Work Phone _____

Insurance Company _____

Policy # _____

Family Physician or Health Care Provider _____

Physician/Health Care Provider Phone # _____

Preferred Hospital _____

Medical Conditions to be aware of _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider? Yes _____ No _____
If your answer is "no" please specify procedure you wish the coaching staff to follow: ____

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injures. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this basketball camp. I/We assume all risk and hazards incidental to my/our child's participation in this basketball camp.

Parent(s)/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____