

2009 Summer Champions Wrestling Camp

For 5th – 8th Graders

June 29 through July 2

9:00 am – 2:00 pm

Algonquin Regional High School



Run by Peter Connery, Algonquin Wrestling Head Coach

Program Features (no experience necessary):

Through high energy, fun-filled sessions your child will learn amateur wrestling techniques as well as develop balance, flexibility, coordination, body awareness and self-confidence.

Sessions will be run by the Algonquin High School Coaching Staff and Varsity Standouts.

Bring lunch, workout shorts, a t-shirt and sneakers. Wrestling shoes suggested but not required. Campers may arrive up to ½ hour before camp and be picked-up no later than ½ hour after camp.

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Camp Application

Name _____ M ___ F ___ Grade _____

Address _____ Town _____

Phone _____ Age _____

Email (please **print** clearly) _____

T-shirt for each participant! Adult Size: Sm Med Lg XL

I, Parent/Guardian agree, by enrolling my son/daughter, that he/she is physically and mentally able to participate in all of the Camp's activities. In case of medical emergency and I cannot be reached, I hereby give permission to the physician selected by the staff to hospitalize and secure medical treatment for the child. I understand that my medical insurance is expected to cover my child for injuries. I agree not to hold the ARHS Wrestling Camp, its management and staff, and/or ARHS, its management and staff, responsible for any athletic, dental, or bodily injury that may occur to my son/daughter while attending Camp. I realize and acknowledge that ARHS is not sponsoring this Wrestling Camp.

(Parent or Guardian Signature) (Parent or Guardian Printed Name)

TUITION: \$125 registration (Checks payable to ARHS Wrestling Boosters)

MAIL by June 19th to: Katarina Wrin, Wrestling Boosters Rep.

67 Pine Hill Rd, Southborough, MA 01772

Any questions, contact Katarina Wrin at

wrinkat6@aol.com or 508-879-0001

Please note any medical conditions which may affect your child's participation: _____