

PRINT & SEND TO :
(Apply Early)

SACHEM THREE STYLE WRESTLING CLUB
C/O J. Mahoney
4 Mount Rainier Avenue
Farmingville, NY 11738

REGISTRATION FORM

SACHEM WRESTLING CAMP

INSTRUCTION • LIVE WRESTLING • DAILY EVALUATIONS • GAMES • SWIMMING

PLEASE PRINT NEATLY

PRINTNAME: _____ AGE: _____

GRADE ENTERING NEXT SEPTEMBER 2019: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ CELL PHONE: _____

SCHOOL NAME: _____ E-MAIL: _____

I Will Be Attending the Following Camp (Circle One):

(1) **Training Camp for High School Wrestlers**
(Grades 9-12)

(3) **Full Day Youth Camp**
(Grades K-4)

(2) **Middle School Technique Camp**
(Grades 5-8)

(4) **Half Day Youth Camp**
(Grades K-4)

My Shirt Size Is: (Circle One) Adult: **S M L XL XXL** Child (Youth Size): **YS(6-8) YM (10-12) YL (14-16)**

I Hereby Give My Son _____, Permission To Participate & Compete In The Sachem Three-Style Wrestling Camp. I Assume Full Responsibility & Liability For Any And All Injuries My Son May Sustain During Camp. I Understand That In The Event Of An Accident Or Injury, Only Emergency Medical Care Will Be Provided & I Hereby Authorize The Rendering Of Such Medical Care As May Be Required.

Signature of Parent or Guardian

A \$50.00 Non-Refundable Deposit, Payable To Sachem Three-Style Wrestling Club Must Accompany This Registration Form. If Additional Forms Are Required, This Form May Be Copied.

USA Wrestling Card Number: _____ for Insurance Purposes

CAMP SITE: SACHEM NORTH HIGH SCHOOL