

1ST ANNUAL HILLS WEST WRESTLING CAMP JULY 27TH-31ST

TYPICAL DAY

- 9:00am-9:45am: Run/Strength Session**
- 10:00am-11:30am: Technique and Drill Session**
- 11:30am-12:15am: LUNCH**
- 12:30am-2:30am: Intense Drilling & Live Wrestling**

FOR MORE INFORMATION:
HWCOLTSWRESTLING@YAHOO.COM
OR: 631-566-8679

WHAT YOU WILL NEED...
 *TWO PAIRS OF SHORTS & TEE-SHIRTS
 *WRESTLING SHOES
 *LUNCH & LOTS OF FLUID (PIZZA, HEROES, GATORADE, WATER, ETC... WILL BE ON SALE)

**CHAMPIONS
TRAIN
YEAR-ROUND!
WHAT ARE YOU
DOING?**

HILLS WEST WRESTLING BOOSTER CLUB IS A 503(c)(3) NOT-FOR-PROFIT ORGANIZATION!

THIS IS NOT A HALF HOLLOW HILLS SCHOOL DISTRICT EVENT!

LOCATION

**HILLS WEST HIGH SCHOOL
375 Wolf Hill Road
Dix Hills, NY 11746**

MAIL REGISTRATION, MEDICAL WAIVER & CHECK TO:

ATTN: MIKE LUPA/MIKE PATROVICH
1200 CARLS STRAIGHT PATH
DIX HILLS, NY 11746

COST: \$200

\$175 for HHH School District Residents
 (Make checks payable to "Hills West Wrestling Booster Club")

CAMP COUNSELORS

MIKE PATROVICH
 HEAD COACH HILLS WEST H.S.
 HIGH SCHOOL NATIONAL CHAMPION
 2X DIV. 1 ALL-AMERICAN

JOE PATROVICH
 HEAD COACH ISLIP H.S.

MIKE LUPA
 ASST. COACH HILLS WEST H.S.
 HEAD COACH CANDLEWOOD M.S.
 NYS FREESTYLE CHAMP

JOHN SNOW
 HEAD COACH WEST HOLLOW M.S.

RYAN PATROVICH
 4X NATIONAL FINALIST

ROB IANNE
 ASST. COACH CANDLEWOOD M.S.
 ALL NASSAU COUNTY

CHRIS WADE
 NEW YORK STATE CHAMP
 JUCO NATIONAL FINALIST

NAME: _____ GRADE: _____ DATE OF BIRTH ____/____/____

ADDRESS: _____ TOWN: _____ ZIP: _____

EMAIL ADDRESS: _____ TELEPHONE #: (____)-____-____

EMERGENCY CONTACT NAME: _____ EMERGENCY #: (____)-____-____

USA CARD #: _____ APPROX. WEIGHT: _____ WRESTLING EXPERIENCE _____ yrs.

Parent/ Guardian Medical Waiver and Release Form

You agree that you are aware that the child named below will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections.

You understand that the child is voluntarily participating in these activities and is assuming all risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off the club premises.

You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury, illness or skin infection that may occur. You understand that we will make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his or her ability to engage in any of the club activities, practices or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Name: _____ Date: ____/____/____ Signature _____