

CHS Charger Summer Wrestling Camp

July 26-29, 2010

Ages: 5 to rising Seniors

- **Sessions: 6:00 pm-8:30 pm**
- **Cost: \$90.00**

Come join us for our 5th Annual CHS Summer Wrestling Camp. Your youth wrestler will enjoy the following and more:

- Great wrestling technique training taught by 2 Division I College Wrestlers & High School Coaches
- Competitive drills
- Situational wrestling
- Live Wrestling within their weight class/age division
- Games
- Inspirational wrestling videos from some of the past NCAA Div. I tournaments
- Refreshments
- A CHS Wrestling Camp T-Shirt
- You must have wrestling shoes, t-shirt & shorts

Registrations can be mailed no later than July 10, 2010.

Walk-ins are always welcome. Send your registration to:

Chantilly Wrestling Camps
Chantilly Activities Office
4201 Stringfellow Rd
Chantilly, VA 20151

Please contact Coach Friedman at dffriedman@fcps.edu with questions.

Please make checks payable to:
CHS Boosters

If you are new to CHS Wrestling, you must provide a Birth Certificate with your paid registration!

CHS CHARGER SUMMER WRESTLING CAMP

REGISTRATION FORM

| | | |
|----------------------------------|-----------------------------|---|
| Child's Last Name | First Name | Nickname |
| Grade in Fall '09 | Age: | Yrs. Of Exp. |
| High School to Attend | | |
| T-Shirt Size (Please Check One): | | |
| Child Sizes: | <input type="checkbox"/> YS | <input type="checkbox"/> YM |
| | <input type="checkbox"/> YL | Adult Sizes: <input type="checkbox"/> S |
| | | <input type="checkbox"/> M |
| | | <input type="checkbox"/> L |
| | | <input type="checkbox"/> XL |
| | | <input type="checkbox"/> XXL |
| Parent's Name | Address | |
| City | State | Zip Code |
| Home Phone: | Business Phone | Cell Phone |
| Family Physician | Physician Phone | |

MEDICAL CONSENT

I hereby state that my child is in good health and has my permission to participate in CHS's 2010 Summer Wrestling Camp. In addition, I authorize CHS Camp Staff to act on behalf of my child in the event of an injury or illness. Registration requires a parent/legal guardian to sign below agreeing that in case of an accident involving their child while attending CHS's Wrestling Camp, they release the Camp, Sponsor, Counselors & Commissioner from any and all liability.

| | | |
|--|------------------------------------|------|
| Name of Parent/Legal Guardian (Please Print) | Signature of Parent/Legal Guardian | Date |
|--|------------------------------------|------|

EMERGENCY CONTACT INFORMATION

| | |
|--|---------------------------|
| Child's Name (Please Print) | Emergency Contact Phone # |
| Emergency Contact Name | Relationship to Camper |
| List Special Medical Conditions or Allergies | |

HEALTH INSURANCE INFORMATION

| | |
|------------------------|---------------|
| Insurance Company Name | Policy Number |
| Group Number | ID Number |