

1st Annual Screaming Eagles Wrestling Camp!



Hosted by the Fillmore Varsity Wrestling Program

Co-sponsored by Fillmore Varsity Club and Fillmore Sports Boosters

Open to all Fillmore Students Entering Grades 3-8

During camp we will be working on the fundamentals of wrestling including takedowns, breakdowns, pinning combos, escapes, reversals, etc.

All practices will be held in the wrestling room from 6:00-8:00 PM on the following
Wednesdays:

July 7th, 14th, 21st, 28th

August 4th, 11th

Culminating Tournament: August 18th (Parents welcome to attend)

You are the future of wrestling at FCS and we want to make you a future champion of a program with a rich history of success. No experience is necessary. The camp is designed to support growth in athletes of all ability levels. Come have fun as you become a better wrestler and participate in a sport that prepares you for life.

Price is \$20 (includes T-shirt)

All interested should complete and return the attached form and payment to
Jarrett Vosburg (room D229) or their classroom teacher by Tuesday June 1st, 2021

(Checks can be made out to **Fillmore Sports Boosters**)

Questions?

Contact Jarrett Vosburg: jvosburg@fillmorecsd.org

I hereby give my permission for any and all medical attention necessary to be administered to my child _____ in the event of an accident, injury, sickness etc. under the discretion of duly licensed Doctor of Medicine or Dentistry until such time as I may be contacted. This release is for the Screaming Eagles Wrestling Camp. I issue responsibility for all such treatments and I release all persons associated with the Fillmore Central School, Fillmore Varsity Club, Fillmore Sports Boosters, and Fillmore Varsity Wrestling from any and all legal responsibilities.

Insurance Company: _____

Policy Number: _____ Telephone #: _____

Parent/Guardian names: _____

Street Address: _____

City, State, Zip: _____

Best phone number to contact: _____

Physician: _____ Phone #: _____

Known medical problems and/or allergies: _____

Emergency Contact

Name: _____

Relationship: _____

Best phone number to contact: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____ T-shirt Size: _____ Adult Youth (circle one)

Male Female (circle one)

Grade Level (September 2021): _____

Weight: _____

I allow photos to be shared of my son/daughter: Yes No