

**Learn the**

**Fundamental skills you**

**need to be a wrestler.**

**Date: June 11-14**

**Time: 2:00 pm –4:00 pm**

**Registration Fee-$25.00 for the first wrestler $20.00 for each additional wrestler in a family going to the camp as well.**

**Make checks payable to:**

**Conway Athletic Booster Club**

**Please Return Registration to:**

**Coach Jeff Rion**

**Conway High School West**

**2300 Prince Street**

**Conway, AR 72034**

**Room 311**

**Can sign up day of camp.**

**Football field house upstairs.**

**You can contact Coach Rion**

**@ 479-970-4546 or by email**

[**rionj@conwayschools.net**](mailto:rionj@conwayschools.net)

**Indemnity Waiver and Parent Consent Form**

**I hereby request that you accept this registration form for the Wampuscat Wrestling Camp during the date set forth on the application. I hereby release Conway Public Schools and all of its employees from any claims on account of injuries that may be sustained by the participant while attending the Wampuscat Wrestling Camp. Each participant should have his/her own medical insurance.**

**Signature of Parent/Gaurdian Date**

**Conway Wampuscat**

**Wrestling Camp**

**2018**

**Camp Information**

* **Camp is designed for students going into 1st-8th grades.**
* **Campers should show up in athletic attire including shorts, t-shirt, and tennis shoes.**
* **Purpose: To introduce and teach the fundamental skills of wrestling and explain habits that creates a great wrestler.**
* **Instructors will include the Wampuscat Wrestling staff along with current and former Wampuscat Wrestlers.**
* **Former and current Central Baptist College wrestlers.**

**2018 Registration Form and Waiver**

**Camper Name Date of Birth**

**Address**

**Parents/Gaurdians Names**

**Phone Cell**

**Entering Grade 1 2 3 4 5 6 7 8**