

2017 CAMP

# PENN KINGSMEN WRESTLING



## WHERE: PENN HIGH SCHOOL

The Penn Wrestling Camp is a week filled with technique and competition of all levels. Come learn from the best and grow as a competitive wrestler. The camp is designed to teach wrestling skills, teamwork, and leadership. Each camper will receive a camp T-shirt. We are focused on making the camp a fun experience while improving each wrestler's skills and technique.

## JULY 17<sup>TH</sup> - 20<sup>TH</sup>

**TIMES & SESSION** - Grade level you are going into for the 2016 - 2017 school year

K - 5th Grade  
6th - 8th Grade

8:00 am - 9:30 pm  
9:30 am - 11:00 am

Penn High School Wrestling Room  
Penn High School Wrestling Room

## SAVE TIME & MONEY REGISTER EARLY

## 2 WAYS TO REGISTER!!!

1. Mail Registration Form and \$50 Payment to **Penn Wrestling, PO Box 292, Osceola IN 46561-0292**  
Make checks payable to Coach Harper
2. Register the 1st day of camp outside the Penn wrestling room \$60

CAMPER NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

GRADE \_\_\_\_\_ (2015-16 School Year) ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

T-SHIRT (please circle one): YOUTH: S (6-8) M (8-10) L (10-12) ADULT: S M L XL

I hereby waive, release, hold harmless and forever discharge the Penn-Harris-Madison School Corporation and the (insert camp/academy/event or field trip name), including its staff or volunteers, from any liability or claims arising out of any loss, personal injury, or property damage which may occur during participation in this(insert camp/academy/event or field trip name). If my child would become injured, I give permission for my child to receive appropriate medical attention at the nearest medical facility. I also understand that if my child should be injured I am required to travel to the medical facility administering care to pick up my child. I have adequate health/hospitalization insurance to cover such injuries that may occur during (insert camp/academy/event or field trip name).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Information: In case a parent/guardian cannot be reached, please contact this person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_