



HIGH POINT **WRESTLING** **CAMP**



**Run by H.P. Wrestling Coaches and
Wrestlers**

Grades K-3

July 18th-22nd

9am - 11am

Cost is \$50

Grades 4-8

July 25th-29th

9am - 12pm

Cost is \$100

REGISTRATION

Name: _____ Date of Birth: _____
Grade in Fall 2016: _____ T-Shirt Size: (Adult) ____ XS ____ S ____ M ____ L ____ XL
Emergency phone number: _____ School attended this past Spring: _____
Address: _____

E-mail address: _____

Please read and sign below: I give my child permission to participate in the High Point Wrestling Camp, and I certify that my child is in good health with no athletic restrictions. I give permission for medical care to be rendered if required due to illness or injury during camp. I recognize and understand that the High Point Wrestling Camp is not affiliated w/ High Point Regional High School. I also recognize that no one associated with the High Point Wrestling Camp is responsible for injuries of any type or medical or dental expenses incurred, as a result of participation in, on the way to, during, or on the way home from this program.

Parent Signature: _____ Date: _____

Return this form with check for \$50.00 (K-3) or \$100.00 (4-8) payable to: JOHN GARDNER

Mail to: High Point Regional High School

299 Pidgeon Hill Road

Wantage, NJ 07461

Attention: John Gardner, Wrestling Camp

Phone: 973-875-3101

E-mail: jgardner@hpregional.org, mveltri@hpregional.org