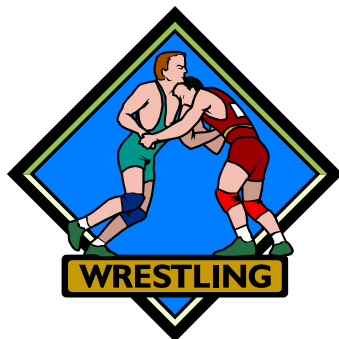


CAMP DIRECTOR

HUDSON HIGH SCHOOL HEAD WRESTLING COACH, JOE CANIGLIA, WILL DIRECT THE CAMP. COACH CANIGLIA HAS PARTICIPATED IN ORGANIZED WRESTLING CAMPS FOR OVER 14 YEARS. WRESTLING CAMP IS A GREAT LEARNING EXPERIENCE FOR ALL!

AREA HIGH SCHOOL AND COLLEGE COACHES WILL SERVE AS INSTRUCTORS.

EACH CAMPER WILL RECEIVE A HUDSON WRESTLING T-SHIRT!



VARSITY CAMP

BOYS ENTERING GRADES 7 – 12

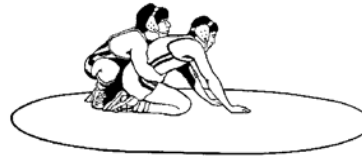
JUNE 16– 20

9:00 a.m. – 11:30 a.m.

\$85 PER WRESTLER

\$ 90 PER WRESTLER AFTER JUNE 2

VARSITY CAMP IS DESIGNED FOR THE MORE EXPERIENCED WRESTLER WHO WANTS THE ALL-INCLUSIVE TECHNIQUES, EXPERIENCE, MOTIVATIONAL TALKS, AND SUCCESSFUL CONDITIONING TACTICS. THIS CAMP LEAVES NO DOUBT AS TO WHAT IT TAKES TO BE SUCCESSFUL IN HIGH SCHOOL WRESTLING. THIS CAMP ALSO HAS MOTIVATIONAL VIDEOS AND DAILY PRIZES.



BOYS ENTERING GRADES 1-6

MAY 27-30

6:00 p.m. – 7:45 p.m.

\$55 PER WRESTLER

YOUTH WRESTLING CAMP FOR GRADES 1-6 IS FOR THE BEGINNING WRESTLER WHO IS LOOKING TO GAIN EXPERIENCE IN THE SPORT. BASIC FUNDAMENTALS WILL BE TAUGHT THROUGH SAFE COMPETITION, GAMES AND DRILLS.

REGISTRATION FORM

Wrestling Camp

Name _____

Address _____

Phone _____

Birthdate _____ Grade In Fall _____

Emergency Contact _____

Emergency Phone _____

T-Shirt Size - Adult **S M L XL**

Course # _____

2605 Grades 7-12 June 16-20

9:00 am – 11:30 am

\$85, \$90 after June 2

#2606 Grades 1-6 May 27-30

6:00 pm – 7:45 pm

HHS Wrestling Room

Please make check payable to Hudson City Schools. No refunds after June 2.

Mail check and registration form to:

HCER

2440 Hudson-Aurora Road

HUDSON, OHIO 44236

Participation Waiver and Release

I, as parent or guardian of this registrant, do hereby consent to his/her participation in the listed program. Registrant is in good health and can participate in all activities. Therefore, in consideration of services to be performed, we do hereby release the Hudson City School District Board of Education, Hudson Community Education and Recreation, its officers, agents, members, and employees (collectively referred to as the "Board"), in their official and individual capacities from any and all claims, liability or demands for any personal injury, sickness or death as well as property damage expenses of any nature whatsoever which may be sustained or incurred by said registrant in connection with participation.

Furthermore, we, on behalf of the registrant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of the registrant's participation in the listed program.

The undersigned further agrees to defend, hold harmless and indemnify the Board for any liability sustained by said Board as a result of the negligent, willful or intentional acts of the registrant.

List any special considerations, health problems, medications or allergies:

The undersigned acknowledges that the Board does not provide insurance for participants. I further acknowledge that registrant must have insurance coverage to participate in the program listed. I hereby certify the presence of such valid health insurance policy for registrant. In the event that reasonable attempts to reach parents/guardians at phone number listed have been unsuccessful, I hereby give my consent for the administration of any and all emergency treatment deemed necessary by a licensed physician or the transfer of child to nearest appropriate hospital or emergency facility.

We further understand, consent and agree that the Board will not be held responsible for the results of such emergency treatment.

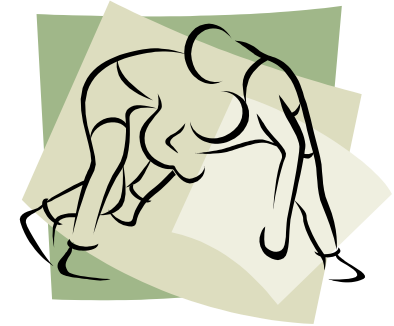
X _____
Parent/Guardian Signature for Medical Consent, Date
Participation, and Waiver and Release

**HUDSON COMMUNITY EDUCATION & RECREATION
2440 HUDSON-AURORA ROAD
HUDSON, OHIO 44236**

Hudson Summer

Wrestling

Camps



BOYS ENTERING GRADES 7 – 12

June 16 - 20

9:00 A.M. – 11:30 A.M.

BOYS ENTERING GRADES 1-6

May 27 - 30

6:00 P.M. – 7:45 P.M.

**HUDSON HIGH SCHOOL
WRESTLING ROOM**

**FOR MORE INFORMATION CALL
HCR AT 330-653-1210**

www.hudson.edu/hcer