

**Camp Date: Monday July 5 - Thursday July 8 2010**

**Time: 4 PM to 6:30 PM**

**Who: All boys entering 3<sup>rd</sup>-9<sup>th</sup> Grade (suggested)  
9<sup>TH</sup> Grade Practice to be held separate**

**Where: Rockwood Summit High School Wrestling Room**

**Fees: \$40 by June 1<sup>st</sup> and \$45 after or at door/FROSH FB players only \$20!!!!**

**What to Bring:**

Required: Work out gear (gym shirt, shorts, wrestling or tennis shoes)

Positive attitude ready to learn, work and have fun

Optional: Wrestling headgear, thermos for water or sports drink

*Tear off and send bottom portion w/ payment to address listed below*

I hereby authorize the director of Future Falcon Camp of Champions to act for me according to their best judgment in an emergency requiring medical attention. I know of no mental or physical problems which may affect my child's ability to safely participate in this camp. I have adequate medical/accidental insurance to cover my child(ren).

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

ADDRESS: \_\_\_\_\_ SCHOOL ATTENDING: \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

This wrestling camp is a non-contact camp by definition. However, it is impossible for all contact to be avoided. Therefore, you as parents and participants are being notified of the fact that the possibility of injury does exist. Please be assured we will take all necessary precautions to reduce the risk of injury to the athletes. In order for your athlete to participate, you must acknowledge your understanding of the risk factor.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Athlete

\_\_\_\_\_  
Date

**\*Please fill in all family members attending the Future Falcon Camp of Champions**

**\*Multiple family members camp fee is 1/2 price!!!! (\$20) FROSH Football \$20!!!!!!**

Name (first & last)	Upcoming Grade	Weight -Estimate	Wrestling Experience (yrs)	T-shirt size (Mens)

**SORRY NO REFUNDS WILL BE GIVEN**

**Checks payable to Summit Wrestling**

No. of kids attending: \_\_\_\_\_ X \$40= \_\_\_\_\_

Mail check and form to:

Siblings \_\_\_\_\_ X \$20= \_\_\_\_\_

Total: \_\_\_\_\_

Rockwood Summit Wrestling  
1780 Hawkins Rd.  
Fenton, Mo 63026 Attn: Brent Batcheller

