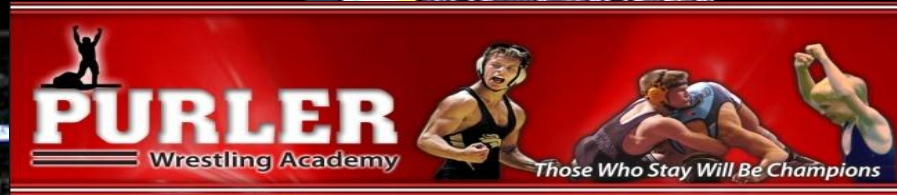


Nick Purler Summer Camp Hosted By Center Grove Wrestling Club



Dates & Location: July 13-15 @ Center Grove High School
2717 S. Morgantown Road, Greenwood
Enter Door #3 (West Gym).

Session Times:

July 13th - (Session 1) 9:00 - 12:00 // 12:00 - 1:00 Lunch // 1:00 - 4:00
July 14th - (Session 2) 9:00 - 12:00 // 12:00 - 1:00 Lunch // 1:00 - 4:00
July 15th - (Session 3) 9:00 - 11:45 // 11:45 - 12:30 Lunch // 12:30 - 2:00 (Review)
Lunch will not be provided

Registration: Open to all CG and non-CG athletes. **First 30 wrestlers to register receive \$220 in free Purler Wrestling DVD's!! Limited space available so register today! Deadline: July 10th!!** Mail-In Registration (see camp registration form)

Camp Fee: \$150.00 per wrestler. Discount for multiple wrestlers in a family; \$135.00ea for 2nd wrestler or more. Fee also includes a free t-shirt.

Age Requirement: : Ages 8-17 with 3 or more years of wrestling experience.

Contact:

Brad Emerine
Phone: 812.736.2801 or
Email: bradley.emerine@yahoo.com

Camp Registration Information

Send this form in with check

Name _____ Age _____ T-Shirt Size _____

One free shirt with camp registration. Additional shirts can be purchased for \$20.00. Include payment for shirts when registering (make check out to CGWC).

T-Shirt Size _____ Qty _____ T-Shirt Size _____ Qty _____ T-Shirt Size _____ Qty _____

Parent(s) names _____ Emergency # _____

Email address _____

Waiver and Release Form / Medical Information

I fully understand that the Purler Wrestling, Inc. staff are not physicians or medical practitioners of any kind. With the above in mind, I hereby release the Purler Wrestling, Inc. staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by the Purler Wrestling, Inc. staff to call our doctor and to seek medical help, including transportation by a Purler Wrestling, Inc. staff member and / or its representatives, whether paid or volunteer, to any health care facility or hospital, or the calling of an ambulance for said child should the Purler Wrestling, Inc. staff deem this to be necessary.

In consideration of your acceptance of this entry, I intend to be legally bound hereby for myself, my heirs, executors and administrators waive and release PURLER WRESTLING, INC, THEIR AGENTS, REPRESENTATIVES, COACHES, VOLUNTEERS, FROM ANY AND ALL CLAIMS OR RIGHTS TO DAMAGE FOR INJURIES OR LOSSES SUFFERED BY ME DIRECTLY OR INDIRECTLY IN TRAINING OR TRAVELING TO OR FROM OR COMPETING IN, OR ATTENDING the training camp.

Parent or Guardian Signature _____ Date: ____ / ____ / ____

Parents can drop their son off and pick him up at the end of the clinic. Or stay and watch...you decide. We will take good care of him and provide great supervision should you choose to leave him with us.

Make check out to:

Center Grove Wrestling Club

Send check, camp registration and athlete information form to:

Center Grove Wrestling Club
3489 Streamside Drive
Greenwood, Indiana 46143

Athlete Information

Send this form in with check

Camp date and location you are registering for: Nick Purler Summer Camp at Center Grove	
Wrestler's Name: _____	Age at camp: _____ Height: _____ Approx. Weight: _____ <small>*Please note: if your child is a heavyweight, you may want to bring a partner. All wrestlers are grouped according to their AGE and WEIGHTS. If no appropriate partner is registered you may be required to find one or receive a full refund.</small>
Parents' Names: (Dad) _____ (Mom) _____	Insurance Company: Policy #: _____ Phone #: _____
Address: (Street Address) _____ (City) _____ (State) _____ (zip) _____	E-mail: (This is important for camp updates. These are NOT used for solicitation and will not be shared with third parties!) _____ Medical Release Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize Foundation Wrestling and Purler Wrestling, Inc. to act for me, according to its best judgment in any medical emergency, and I hereby waive and release Purler Wrestling, Inc. from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is true and correct.
Emergency Contact Info: Home Phone: _____ Parents' Work Phone: _____ (Dad) _____ (Mom) Parents' Cell Phone: _____ (Dad) _____ (Mom)	Signature _____ Printed Name _____ Date _____