

2013 VVS Wrestling Camp/Clinic

@ VVS High School Gym, July 1,2,3 & 5

Four great nights featuring National, All-American, State & Sectional Champion Clinicians

Open to Peewee's* through High School

*Elementary grade (K-6th) wrestlers must be accompanied by High School teammate, sibling or parent

Dates: Monday, Tuesday & Wednesday July 1st, 2nd, 3rd

5:30 – 8:30 pm

3 sessions @ \$15 per wrestler/per evening

Monday featuring area coaches & wrestlers

Including **Jim DiIorio, George Peavey, Darrin Smith,**

Allan Boice, Ted Showalter, Dan Walts,

Dylan Kavanaugh, Corey Proper

Tuesday featuring the **LeBlanc's**

Wednesday featuring **Brett Cook & Terry Showalter**

Friday July 5th

Session I 4:00-5:00 pm

Todd Cutrie from Titletown Fight Club.

Session II 6:00-8:00 pm

4X NCAA All American

2012 NCAA Champion Cam Simaz

Friday evening includes *hot dogs, chips & beverage* in between sessions

2 sessions & meal @ \$25 per wrestler

Prepaid by June 30th @ \$45 per wrestler

Or register at the door @ \$60 for full week

All checks payable to: **VVS All Sports Boosters Club**

Please send to:

Mark Peavey

PO Box 112

Verona NY 13478

Any questions: contact Mark Peavey @ cell 315-794-7672

home 315-363-5262 school 315-829-2520 ext 7462

Or mpeavey@vvschools.org

2013 VVS Wrestling Summer Camp

Wrestler's name _____ Grade _____

Street Address _____ Age _____

City _____ Zip Code _____ Birthdate _____

School _____

Home Phone _____ Cell Phone _____

E-mail _____

Parent/Guardian Name _____

Emergency contact & # _____

Elementary (K-6) will be accompanied by...

_____ Relationship _____

Attending camp

Monday (@\$15) _____

Tuesday (@\$15) _____

Wednesday (@\$15) _____

Friday (@\$25) _____

All week (four days) \$60

All week (four days) Paid before June 30th (@\$45) _____

Total _____

Checks payable to VVS All-Sports Boosters



2013 VVS Summer Wrestling Camp/Clinic &/or Tournament Release Form

I give my child permission to attend and participate in the 2013 VVS Summer Wrestling Camp/Clinic &/or Tournament. I understand that his/her participation in this camp involves risks and dangers that could result in bodily injury. I also understand that the VVS Summer Wrestling Camp/Clinic &/or Tournament, its staff and the VVS All Sports Boosters will not assume any responsibility for any accidents, medical or dental, or any other expenses incurred as a result of injury during this camp. I verify that my child has medical insurance and a physician has determined he/she is physically able to participate in the 2013 VVS Summer Wrestling Camp/Clinic &/or Tournament. I agree to allow my child to be treated by a certified trainer or licensed physician while attending (if necessary).

Athlete

Parent / Guardian Signature

Date