

ELITE HIGH SCHOOL TRAINING CAMP

Registration

Name: _____

Address: _____

High School: _____

Phone: _____

Email: _____

Register online at flwrestlingclub.org

Mail check and registration form to:

FLWC
Friedman Wrestling Center
610 Campus Rd.
Ithaca, N.Y.

In the event of an injury or illness, I give permission for my child, _____ to be treated by the FLWC, Cornell Sports Medicine Staff, and/or emergency room staff at Cayuga Medical Center or Convenient Care Center. I give permission for medical staff to administer any medications as indicated on the Medical Providers Use and disclose my child's protected health information for payment, treatment, and health care operations purposes. Protected health information includes, but is not limited to, medical, billing, and demographic collected and/or created by the FLWC or above service providers. I understand that I will be responsible for all charges for health services by FLWC or off campus providers.

Signature of Parent/Guardian

Date

Signature of Wrestler

Date

www.flwrestlingclub.org

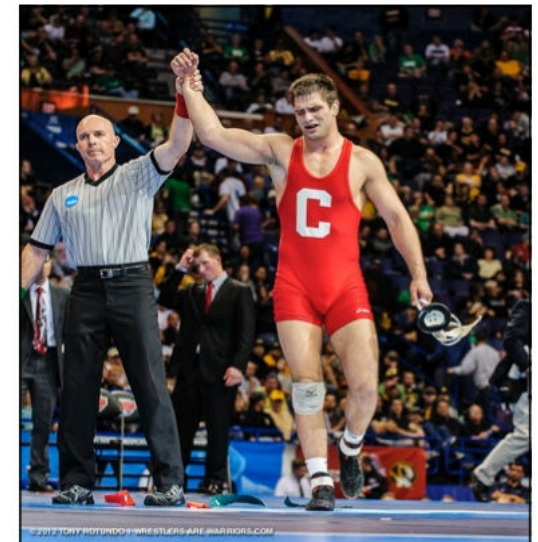
FLWC
Friedman Wrestling Center
610 Campus Road
Ithaca, NY, 14853
FINGER LAKES WRESTLING CLUB



October 10th-12th, 2014

Finger Lakes Wrestling Club
Friedman Wrestling Center
610 Campus Road
Ithaca, NY 14853

TRAIN WITH THE BEST



Age: _____
 Primary Contact: _____

 Relationship: _____

 Home #: _____

 Day #: _____

 Cell #: _____

 Emergency Contact: _____

 Phone: _____

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Train in the most elite facility with the most elite coaching staff in the country.

Cost: \$200
All-inclusive: Covers 2 night hotel stay, food, accommodations, and a t-shirt.
 Register online at flwrestlingclub.org or mail registraGon forms and checks (made payable to FLWC) to Friedman Wrestling Center.

Schedule of Events
Friday, October 10th, 2014
 5 pm - 6 pm ~ Arrive @ FWC for checkin
 6 pm - 8 pm ~ First Session
Saturday, October 11th, 2014
 8 am ~ Wake up / Breakfast
 9 am - 11 am ~ Second Session
 11:30 am ~ Lunch
 1pm - 3pm ~ Third session
Sunday, October 12th, 2014
 8 am ~ Wake up/ Breakfast
 9 am - 11 am ~ Fourth Session

Contact
Kris Harrington: kharrington141@gmail.com

Featured Clinicians

Kyle Dake

4X NCAA Champion

Cam Simaz

NCAA Champion, 4X All-American

Nate Carr Jr

NJWC Champion



Name: _____
 Age: _____
 Primary Contact: _____
 Relationship: _____
 Home #: _____
 Day #: _____
 Cell #: _____
 Emergency Contact: _____
 Phone: _____
 USA Wrestling Card #: _____
 Insurance Co: _____
 Name of Policy Holder: _____
 Policy/ ID #: _____

Insurance Co. Phone #: _____
 Insurance Co. Address: _____

Is it necessary to administer medication at camp?
 Yes or No
 Medication and Dosages:

Allergies to Medications: _____

 Medical Conditions, even if controlled (Diabetes, seizures, etc.): _____
