

# BIG RED Wrestling Camp @ Hoosick Falls

Saturday, May 2, 2015

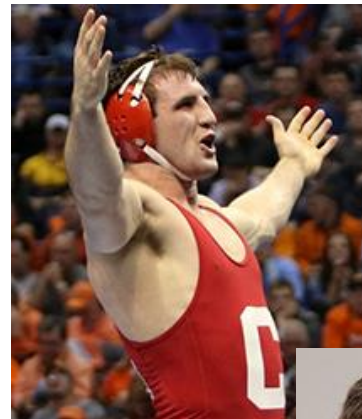
Hosted by the Hoosick Falls Wrestling Club @ Hoosick Falls Central School  
21187 State Route 22, Hoosick Falls, NY 12090

Hoosick Falls Welcomes Back!!



**Nahshon Garrett**

2015 5<sup>th</sup> Place NCAA Championships  
2014 NCAA Championships Finalist  
2X All-American  
2013 NCAA Qualifier  
2013 EIWA Champion  
2013 EIWA Freshman of the Year  
2013 First Team All-Ivy  
2013 Ivy League Rookie of the Year



**Gabe Dean**

2015 National Champion  
2015 EIWA Wrestler of the Year  
2X All-American  
2014 NCAA Championships – 3<sup>rd</sup> place  
2013-14: Ivy League & EIWA Rookie of the Year



This camp will teach all phases of wrestling. This is a participation camp – wrestlers will be separated by age/experience  
Camp is limited to 100 entries, early registration is encouraged

Registration: \$55 at the door; \$45 pre-registration  
(pre-registration must be received by April 24<sup>th</sup>)

**Camp runs from 9:30 a.m. to 4:00 p.m. (doors open at 8:30 a.m.)**

**Group Rate**  
5+ from same club  
\$30 per athlete

**Camp will conclude with a team tournament coached by Nahshon and Gabe**

## Registration

\$55 at the door; \$45 pre-registration  
(pre-registration must be received by April 24<sup>th</sup>)



Make checks payable to:  
Hoosick Falls Wrestling Club  
P.O. Box 161  
Hoosick Falls, NY 12090

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School District: \_\_\_\_\_

Any wrestler with a questionable skin condition may be removed from the Camp at any time. Misconduct, child abuse or misconduct toward Camp participants, officials and/or Camp staff by parents or athletes will result in automatic expulsion from the Camp and school property. Camp directors/officials have the right to remove anyone not complying with Camp or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Camp Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the Camp. I take responsibility for any and all damages done by my child at said Camp. I also understand that my child must be covered by a medical health insurance policy as a requirement for participation in this Camp and my child is covered by a medical health insurance policy.

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions can be addressed to:*  
*Michael LaPorte, Tournament Director*  
*Phone: (518) 649-2101*  
*Email: northeastyouthduals@yahoo.com*