

KEMMERER BOOT CAMP 2017

Off Season Work = Next Season Champion!

WHEN: July 31- August 4th (Mon- Fri)

Schedule: (Monday check in 8:30 -9am)

Mon- Thurs (9am-3pm) Friday (9am-noon)

9am- 11am – Technique Session 1

11am- 12pm- Technique Session 2

12 – 1pm – Lunch (Bring your own lunch)

1pm- 2pm – Technique Session 3

2pm-3pm- Live Wrestling

Cost: \$200 for 5 days or \$50 a day

Where: LaSalle School - main gym

174 Williams Road, Troy, NY 12180

To Register: Mail Registration and \$100 deposit to:

Pat DeLuca 3 McCartney Drive, Albany, NY 12211

(Make checks payable to Pat DeLuca)

This year we are opening this camp to varsity as well as JV and youth. There is a cap on the number of wrestlers we are taking to ensure each wrestler is given attention and plenty of mat space.

THIS WILL SELL OUT. SPOTS WILL BE RESERVED ON A FIRST COME BASIS- the Only way to reserve your spot is by sending in the registration form & deposit. Once the numbers are reached, registration will be closed. This is co-sponsored by LaSalle School this year and we will NOT BE ABLE TO HOLD SPOTS for wrestlers.

Questions: Please contact Shelly DeLuca
518-231-3122 or svmadojo@yahoo.com
Facebook Shelly Lee DeLuca

JOE KEMMERER

- 2X NCAA Champion
- NWCA Outstanding Wrestler
- Greco-Roman University World Team – Italy
- Coached D1 Liberty University
- Coached D1 Virginia Military Institute
- Clinician at Ken Chertow's Gold Medal Training camps
- Kutztown University Athletics Hall of Fame
- Founder & Head coach of Hammer Wrestling

About this camp:

This is a five day camp geared towards experienced wrestlers. It is intense, fast paced and not for beginners. The focus will be on techniques such as leg riding series, bar series, under hook series, sweep/side singles, head position, other specific take down series, stand ups etc. There will be extensive situational drilling to ensure each wrestler performs the move properly & live wrestling at the end of each day.

JOE KEMMERER CAMP REGISTRATION FORM

Date: _____

Deposit paid: _____

Wrestler Name: _____ Age _____ Weight _____

Address: _____

School: _____ Grade: _____ Years of experience _____

Parents Name: _____ Cell _____

Email: _____ Home phone _____

Emergency contact person if parent can't be reached:

Name: _____ Cell _____

Insurance co: _____ Group or ID number _____

Subscriber Name _____

Any allergies: _____ Any Medical conditions _____

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE Joe Kemmerer, LaSalle School, its insurers, its affiliated clubs, administrators, agents, directors, members, volunteers, all employees, and any and all participants (and if applicable) owners, lessors and operators of premises used to conduct camp (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in this camp, including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used. 2. Releaser understands and acknowledges that Wrestling activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating. 3. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time. I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT. If there is any type of medical emergency or if the camp staff or volunteers believes my child needs medical attention, I understand that every attempt will be made to contact me, however during this time, I give permission to seek any medical attention the staff, volunteers, or camp director deems necessary for my child and I will be fully responsible for any and all cost associated with such treatment.

(Parent's Signature)

(Date)

(Print Name)

I _____ am the legal guardian/parent of _____