

DODGE CITY SUMMER WRESTLING CAMPS

JUNE 13TH-JUNE 15TH

**LOCATION: DODGE CITY HIGH SCHOOL WRESTLING ROOM
(USE ACTIVITY ENTRANCE)**

COST: \$25

TIMES: K-6 GRADE: 10-11:30 AM

***BASIC TECHNIQUES AND INTRODUCTION OF
DRILLS/SITUATIONS USED BY DODGE CITY HIGH SCHOOL WRESTLING**

7-12TH GRADE GIRLS: 5-6:30 PM

7-12TH GRADE BOYS: 6-7:30 PM

Name _____ **Age** _____

Parent/Guardian Name _____

Email _____ **Phone Number** _____

I hereby grant permission for my child, _____, to participate in this camp. My child has not suffered any illnesses in the past that would make participation in the camp a risk. I further agree to release from any liability, the Tate Lowe Wrestling Camp, its staff, Dodge City High School, and U.S.D. 443 for any injury or illness to my child. I further authorize the camp staff to act for me in case of any medical emergency because of injury or illness to my child. I acknowledge that I am aware that participation in this camp requires physical activities of a nature which could result in injury to participants notwithstanding the absence of fault on the part of the camp, its staff, Dodge City High School, and U.S.D. 443. The camp staff has explained to me the particular activities to my satisfaction and I am hereby authorizing my child to participate in these activities.

Signature
of parent / guardian Date PLEASE MAKE CHECKS PAYABLE TO: DODGE CITY HIGH SCHOOL WRESTLING