**ACADEMY WRESTLING CLUB SUMMER CAMPS 2019**

**Located at Christian Brothers Academy (Wrestling Room)**

**850 Newman Springs Road**

**Lincroft, NJ 07738**

CAMP #1 Session 1: **July 12th 3PM-6PM** Session 2: **July 13th 9AM–12PM** Session 3: **July 14th 9AM–12PM**

**CLINICIANS:** Anthony Ashnault & Sebastian Rivera

A picture containing person, tennis, track and field, man

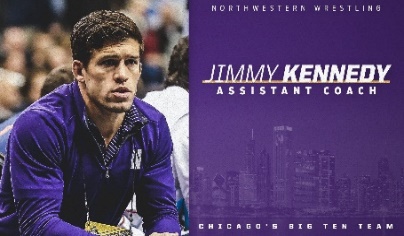
Description automatically generated A close up of a person

Description automatically generated

CAMP #2 Session 1: **July 19th 3PM-6PM** Session 2: **July 20th 9AM–12PM** Session 3: **July 21st 9AM–12PM**

**CLINICIANS:** Ryan Deakin, Jimmy Kennedy, Sebastian Rivera, and Matt Storniolo

A person with collar shirt

Description automatically generated  A close up of a person

Description automatically generatedA person in a suit and tie

Description automatically generated

CAMP #3 Session 1: **July 22nd 9AM-12PM** Session 2: **July 23rd 9AM–12PM** Session 3: **July 24th 9AM–12PM**

**CLINICIANS:** Joe Dubuque, Pat Glory, and Sean Gray

A person wearing a suit and tie

Description automatically generatedA close up of a mans face

Description automatically generatedA person wearing a suit and tie

Description automatically generated

CAMP #4 **July 26th 9AM-12PM**

**CLINICIANS:** Yianni Diakomihalis & Mike Grey

A picture containing sport, person, red

Description automatically generated A person wearing a suit and tie smiling at the camera

Description automatically generated

--------------------Please Fill Out and Mail The Form (With Payment) to the Address Listed Below--------------------

Camp #1 $200: Attending YES NO (Circle One)

Camp #2 $200: Attending YES NO (Circle One)

Camp #3 $200: Attending YES NO (Circle One)

Camp #4 $100: Attending YES NO (Circle One)

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ **PAYMENT TYPE: CHECK (Mail With Form)**

Weight:\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_ **CASH (BRING To Camp)**

Make Checks Payable To: **The Academy Wrestling Club**

Mail To: **The Academy Wrestling Club**

**58 Birch Lane**

**Eatontown, NJ 07724**

**QUESTIONS?** [**washnault@theacademywrestling.com**](mailto:washnault@theacademywrestling.com)

**908-834-1299**

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that physical risks are involved in my child's participation

in the The Academy Wrestling Club.I also understand that these risks

may range from minor bruises to life threatening injuries.I have made

my child aware of these risks and by allowing him/her to participate in

the Wrestling Club,hereby affirm that I fully assume responsibility for

these risks.My signature above confirms my agreement with these statements. **\*OPEN TO ANY AND ALL\***