

Registration Form

Spencerport Rangers

Wrestling Summer Camp

Camper Name: _____

Address: _____

City _____ Zip _____

Grade (fall12') _____

*E-mail Address: _____

***Valid e-mail address required as future correspondence will be by e-mail.**

Parent/Guardian _____

Cell Phone _____

Home Phone _____

Emergency Contact _____

Emergency Phone _____

T-Shirt Size XS S M L XL (adult sizes)
(PLEASE CIRCLE)

Camp Payment: **\$ 65.00**

\$ 60.00 for early registration

\$ 70.00 for late registration

Returned checks will be charged an additional \$15 to cover fees.

Amount Enclosed: _____

Registration and payment due June 29th.

Make Checks Payable to:

Spencerport Sports Booster Club

Send to:

**Office of Athletics
c/o Dan Glover
71 Lyell Ave
Spencerport NY 14559**

Remember:

Deadline for registrations and payments (\$65.00) is June 29th 2012

Don't forget to complete all three forms: the registration form, the insurance information, and the medical information

Your child will be registered when all forms and payments have been received.

Register by June 1st and save \$5.00 making the total camp payment \$60.00

*Late registration will be accepted with a \$5.00 fee making the total camp payment \$70.00

Contact
Coach Dan Glover
with questions

dglover@spencerportschools.org

or leave a message at
585-350-9575

Register as soon as possible as space is limited.



**Spencerport Sports
Booster Club
SPENCERPORT
RANGERS
WRESTLING
CAMP**

Wrestlers entering
grade

2 - 6

8:00 a.m. – 11

Grade 7 - 10

11:15 – 2:15

July 9th – July 13th

Location:

Spencerport High School
Auxiliary Gym
(Coach J Wrestling Room)
2707 Spencerport Road
Spencerport, NY 14559

The Camp:

Basic skills and techniques will be taught from top, bottom, and the neutral position. Wrestlers will practice technique, wrestle live and participate in mat activities that will aid in improving and honing their skills.

campers are encouraged to bring a water bottle as breaks will be given periodically

Camp Philosophy:

To introduce and improve wrestling techniques and training methods in a challenging and stimulating environment.

What to wear:

Participants should dress in athletic attire: shorts, t-shirt, socks, wrestling shoes or sneakers

Other items to bring

- water bottle
- small towel
- head gear (recommended but not necessary)

Team State Champions: 1975, 1993, 2001, 2002, 2004, 2007, 2008, 2009

Summer Camp 2012 Staff

Director

Dan Glover

Assistant Varsity Coach
Spencerport High School
Wrestling Alumnus for The College at
Brockport

Chris Gray

Modified Wrestling and Varsity
Football Coach
Football Alumnus for the University of
Buffalo

Paul Glover

Assistant Director
2008 NYS Champion 215lbs
Currently Wrestling at The College at
Brockport

Also with current wrestlers and recent graduates of the Spencerport Rangers
Championship Wrestling
Teams

**Those who stay... will be
Champions!!!**

Insurance:

All participants must have medical coverage to participate. Accident/Medical coverage will be provided on an excess or secondary basis. The camp policy will pay for those expenses not paid for under the parents' coverage limits, subject to camp policy coverage limits, terms, conditions, and exclusions. The camp assumes no responsibility for accidents or illnesses.

Name: _____

Past injuries: _____

Present Health: _____

Drug Sensitivities: _____

Insurance Company _____

Name of Policy Holder _____

Policy Number _____

Medical Release READ BEFORE SIGNING

I hereby authorize the staff of the above named camp to act for me according to their best judgment in any emergency requiring medical attention.

I hereby discharge and covenant not to sue the Spencerport School District, Sports Booster Club, any of the agents, or employees from any and all liability of course of action whatsoever arising out of, or related to any loss, damage or injury, including death that may be sustained by me or my child, or to release, or otherwise, while participating in the camp program. My signature on this waiver also states that the above named camper is of sufficient fitness of mind and body to participate in this volleyball camp and is covered by my personal medical insurance policy. I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I also understand that the camp retains the right to use for publicity and advertising purposes, photographs of campers at camp.

Parent/Guardian Signature _____

Date: _____