

WORTHINGTON KILBOURNE WRESTLING

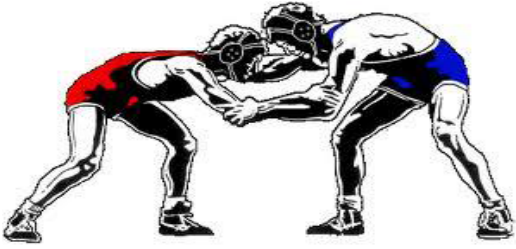
2023 Summer Wrestling Camp

GUEST INSTRUCTORS- (HS/MS ONLY)

Ben Hooff- Baldwin Wallace- OHSAA State Qualifier

Chris Andrews- University Findlay- GMAC Conference Champ-3x OHSAA Placer- 2x State Runner Up, HS All American

Joey Blaze- Purdue University- 3x State Champ- Super 32 Champ



* FOR ANY BOYS OR GIRLS ENTERING Kindergarten to 12TH GRADE*

DATES: JUNE 5, 6, and 7 **PLACE:** Worthington Kilbourne Wrestling Room

K Through 6TH GRADE TIME: 4:30 pm-6:30 pm

7TH Through 12TH GRADE TIME: 2:00pm – 4:30pm

COST: \$50.00 **CHECKS PAYABLE TO:** WKWA

WEAR: SHORTS & T-SHIRT, WRESTLING SHOES, HEADGEAR RECOMMENDED

QUESTIONS? CALL: Coach Brad Todd 614-832-0656

COMPLETE AND RETURN BY JUNE 1st

Wrestler's Name _____

Address City/Zip _____

Email Phone _____

Age Grade Level of Wrestling Experience _____

Height _____ Weight _____ T-shirt Size (Youth: M or L / Adult: S M L XL) _____

Parent's Name(s) _____

Work or Cell Phone _____

Emergency Contact _____

I, the undersigned, for ourselves, our heirs, executors and administrators, waive and forever discharge, Worthington Kilbourne High School and staff from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities, whether or not the damages, injury, or loss is due to negligence or any other reason. I understand that wrestling is an active and physical sport and that injuries can take place during practice. I certify and agree to the information and elements of this agreement that my child is physically fit and mentally capable of participation in wrestling. In the event of accident, injury, or illness, I hereby give permission for the staff of the camp to seek appropriate medical attention for my child during the period of the camp. I will be responsible for all costs of medical attention and treatment. Camp staff will attempt to contact parents by telephone at the first opportunity in the event of an accident.

Parent/Guardian Signature: _____ Date: _____

Mail form and check to: Brad Todd 1499 Hard Rd Columbus, OH 43235. Questions to todd.1@napls.us