

Team Roehlig Wrestling Camp Application

Name: _____ School _____ Grade _____

Age _____ Weight _____ Goals: _____

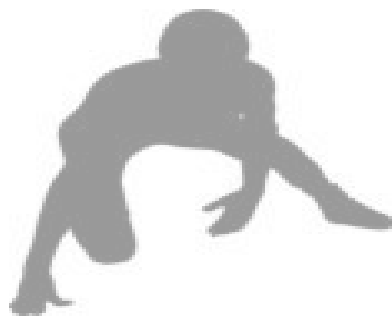
Accomplishments: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Cell: _____ Email Address: _____

---Office Use Only---
Date Received: _____ Check #: _____ Amount: _____

2010 SCHEDULE - CIRCLE CAMP(S) BELOW



3 Day Technique Camps

#1. June 4 - 6

Intensive Leg Attack Camp

#2. August 6 - 8

Tough On Top Camp

Cost: \$100.00 (Commuter / Overnight)

LOCATION: CARROLLTON, OH

5 Day Training Camps

#3. June 23 - 27

Intensive Training Camp

#4. July 7 - 11

Elite Youth Training Camp

Cost \$250.00 (Commuter / Overnight)

LOCATION: CARROLLTON, OH



\$100.00 Non-Refundable Deposit for 5 Day Camps Only must be received **One Month prior to camp.** Weekend Camps must be paid in full **One Month prior to Camp.**

*** IF PAYING WITH DEBIT / CREDIT CARD, PLEASE VISIT: TEAMROEHLIG.COM/CAMPS

MAKE CHECK PAYABLE TO: **ROEHLIG WRESTLING, LLC**
1709 Lincoln Way E. Unit E.
MASSILLON, OH 44646

ROEHLIG WRESTLING CAMP MEDICAL FORM

Residential Parent or Guardian Form:

Mother _____ Daytime Phone# _____

Father _____ Daytime Phone# _____

Address _____ Cell Phone# _____

I understand that the Roehlig Wrestling Camps and all personnel associated with the camps, assume no responsibility for accidents, injuries, medical or dental expenses incurred by my son or sons at practice. I attest that he or they are physically fit and sufficiently conditioned for this camp.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: (please list, if any below)

MEDICAL CONCERNS: _____

I have read and understand the foregoing assumption of risk and release this Club and all associated of all responsibility.

Parent or Guardian Signature _____ Date: _____