

3EXTREME TEAM SUMMER WRESTLING CAMP

**@SOUTHERN UTAH UNIVERSITY
JUNE 13TH – 16TH, 2011**

**THIS CAMP INCLUDES ENTRY FEE TO THE
UTAH SUMMER GAMES 3 STYLE WRESTLING TOURNAMENT
JUNE 17TH AND 18TH
GRECO ROMAN – FREESTYLE – FOLK STYLE**

**THIS CAMP IS GREAT FOR ALL AGES AND SKILL LEVELS. OUR CLINICIANS WILL
TEACH THE ELITE WRESTLER AS WELL AS DEVELOP THE BEGINNING WRESTLER
THAT WILL ENABLE HIM/HER TO COMPETE AND GROW IN THE SPORT OF
WRESTLING.**

FEATURING CLINICIANS:

Olympians, College Coaches and Wrestlers and Successful HS Coaches,

**THIS IS A TECHNIQUE AND DRILLING CAMP SO COME PREPARED TO LEARN
HOW TO DRILL!**

COST: \$75.00 NON REFUNDABLE DEPOSIT DUE BY June 1st

Deposit checks need to be made out too:

Extreme Team 1643 Agate Circle Saint George, Utah 84790

**CAMPER: \$350.00 (includes 5 nights 5 meals – Lunch and Dinner, t-shirt, USG
entry fee)**

**COMMUTER: WITH MEALS: 250.00 (5 meals, Lunch and Dinner, t-shirt, USG
entry fee)**

**COMMUTER: \$200.00 (t-shirt and USG entry fee)
(\$25.00 dollar late fee after June 1st)**

SIGN UP ONLINE AT UTAH SUMMER GAMES.ORG

Questions: Contact coach pace 435-229-2557 or e-mail brian@rrrtc.com

Name: _____

School/Club _____

Address _____

City _____ State _____ Zip _____ Phone# _____

E-Mail _____ Weight _____ Age _____

T-shirt size (circle one) **xxl xl l m s yl ym ys** quantity _____

Please indicate type of payment: _____ money order _____ credit card

Credit card type and # _____ exp date _____ code _____

Medical release form:

I verify that my WRESTLER has been checked by a licensed physician and he is physically able to participate in technique and drilling sessions in the extreme wrestling camp. I hereby authorize the directors of the camp to act accordingly to their best judgment in an emergency requiring medical attention for illness or injury. I hereby waive and release extreme wrestling camp from any and all illness or injury while attending this camp.

As a condition of enrollment the following disclaimer of liability must be signed and dated by the wrestlers parent/guardian.

The wrestler attending the extreme wrestling camp does so at his own risk. The university and staff shall not be liable for any damages arising from personal illness or injury sustained by the wrestler during this camp. The wrestler and parent/guardian assume all responsibility for any damages, injuries, or illness which may occur to the camper during the camp session and so hereby fully and forever exonerate and discharge the university, camp counselors, directors, staff, owners and any agents from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be anticipated, or unanticipated, resulting from or arising out of wrestlers participation in the camp.

Parent signature _____ date _____

Participant signature _____ date _____

Insurance information:

Insurance company _____

Policy holder _____

Policy number _____

Current health _____

list any concerns (i.e. allergic reactions, etc) _____
