

BIG RED Wrestling Camp @ Hoosick Falls

Saturday, May 2, 2015

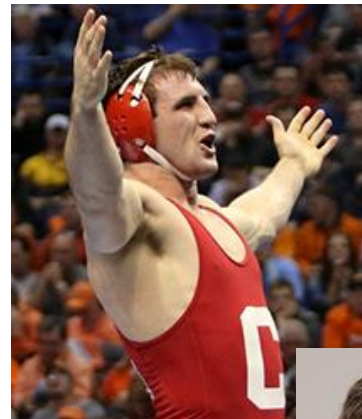
Hosted by the Hoosick Falls Wrestling Club @ Hoosick Falls Central School
21187 State Route 22, Hoosick Falls, NY 12090

Hoosick Falls Welcomes Back!!



Nahshon Garrett

2015 5th Place NCAA Championships
2014 NCAA Championships Finalist
2X All-American
2013 NCAA Qualifier
2013 EIWA Champion
2013 EIWA Freshman of the Year
2013 First Team All-Ivy
2013 Ivy League Rookie of the Year



Gabe Dean

2015 National Champion
2015 EIWA Wrestler of the Year
2X All-American
2014 NCAA Championships – 3rd place
2013-14: Ivy League & EIWA Rookie of the Year



This camp will teach all phases of wrestling. This is a participation camp – wrestlers will be separated by age/experience
Camp is limited to 100 entries, early registration is encouraged

Registration: \$55 at the door; \$45 pre-registration
(pre-registration must be received by April 24th)

Camp runs from 9:30 a.m. to 4:00 p.m. (doors open at 8:30 a.m.)

Group Rate
5+ from same club
\$30 per athlete

Camp will conclude with a team tournament coached by Nahshon and Gabe

Registration

\$55 at the door; \$45 pre-registration
(pre-registration must be received by April 24th)



Make checks payable to:
Hoosick Falls Wrestling Club
P.O. Box 161
Hoosick Falls, NY 12090

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email: _____

School District: _____

Any wrestler with a questionable skin condition may be removed from the Camp at any time. Misconduct, child abuse or misconduct toward Camp participants, officials and/or Camp staff by parents or athletes will result in automatic expulsion from the Camp and school property. Camp directors/officials have the right to remove anyone not complying with Camp or school district rules.

In consideration of this entry being accepted, I hereby release the Hoosick Falls Central School District, its Board of Education, Coaches, and Camp Officials from any and all claims, liabilities and/or damages incurred by me directly or indirectly, traveling to or from, and/or participating in the Camp. I take responsibility for any and all damages done by my child at said Camp. I also understand that my child must be covered by a medical health insurance policy as a requirement for participation in this Camp and my child is covered by a medical health insurance policy.

Athlete's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Questions can be addressed to:
Michael LaPorte, Tournament Director
Phone: (518) 649-2101
Email: northeastyouthduals@yahoo.com