

# BILL JACOUTOT'S WINTER RECESS YOUTH WRESTLING CAMP



Presented by the Apex Wrestling Club

**Location:** Calkins Middle School  
1899 Calkins Rd  
Pittsford NY 14534

**Eligibility:** Wrestlers in grades  
4\*, 5\*, 6\*, 7th and 8th

**Camp Dates:** Monday December 28, 2009  
Tuesday December 29, 2009  
Wednesday December 30, 2009

**Time:** 9am- 12pm

**Cost:** \$60



\* previous wrestling experience required

This camp is the first of its kind in the Rochester area and is designed for wrestlers wishing to take their wrestling to the next level. Wrestlers will be taught the drills and skills that were fundamental in Spencerport's state and national success.

These will be the very fundamentals that Bill Jacoutot has taught at camps all across the country. Note, all sessions will be taught by Bill Jacoutot and the camp is open to the first 80 registered wrestlers.

### BILL JACOUTOT'S COACHING HONORS

- National High School Coaches Association (NHSCA) National Coach of the Year 2008
- NCAA/NWCA Region 1 (Northeast) Coach of the Year 2007
- NWCA New York State High School Wrestling Coach of the Year 2007
- 31 years Varsity Wrestling Coach. Overall Record: 387-34-2
- 17 times Section V Coach of the Year
- 12 times Monroe County Coach of the Year
- Teams ranked in the nation 1993, 1997, 1998, 2004, 2008
- NYS Team Champions 1993, 2001, 2002, 2004, 2007, 2008, 2009
- Coached 11 NYS Individual Champions, 34 NYS Individual Place Finishers and 53 NYS Individual Qualifiers

### WHAT TO BRING

Sneakers, t-shirt, and shorts. Also a water bottle with the wrestlers name on it.

**For more info or to register online:**

<http://www.billjacoutot.com/camp.html>

[info@billjacoutot.com](mailto:info@billjacoutot.com)

585.698.9490

### REGISTRATION FORM

(Form must be postmarked by Tues, Dec 22, 2009)

Wrestlers Name: \_\_\_\_\_  
Age: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Cell Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Allergies/Medications: \_\_\_\_\_

Person to notify in case of emergency:

\_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Family Doctor: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

### INFORMED CONSENT FORM

I hereby give my permission for my child to participate in the Bill Jacoutot Winter Recess Youth Wrestling Camp; to provide emergency treatment of an injury to or illness of my child, if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I can not be reached and a reasonable effort has been made to do so. My child and I are aware that participation in wrestling is a potentially hazardous activity. I assume all risks associated with participation in this sport including but not limited to fall, contact with other participants, the effects of the weather, traffic, and other reasonable risks conditions associated with the sport. All such risk to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child. I do further release, indemnify and hold harmless the Bill Jacoutot Winter Recess Youth Wrestling Camp, Pittsford School District, the organizers, and the supervisors and any and all of them.

Parent/Guardian's signature:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Mail registration form to:**

Bill Jacoutot  
30 Bernie Lane  
Rochester, NY 14624