

Registration Form
Technique Camp

Camper Name: _____

Address: _____

City _____ Zip _____

Grade (fall18') _____

*E-mail Address: _____

***Valid e-mail address required as future correspondence will be by e-mail.**

Parent/Guardian _____

Cell Phone _____

Home Phone _____

Emergency Contact _____

Emergency Phone _____

T-Shirt Size: S M L XL (adult sizes)

(PLEASE CIRCLE)

Camp Payment: **\$ 75.00**

\$ 70.00 for early registration

\$ 80.00 for late registration

Returned checks will be charged an
additional \$25 to cover fees.

Amount Enclosed: _____

**Regular registration and payment
due July 1st**

Make Checks Payable to:

Spencerport Jr. Ranger Wrestling

Send to:

**Spencerport Jr Ranger Wrestling
23 Ashview Dr.
North Chili NY 14514**

Remember:

Deadline for registrations and
payments (\$75.00) is
July 1st

Don't forget to complete all three
forms: the registration form, the
insurance information, and the
medical information

The wrestler will be registered when
all forms and payments have been
received.

Register by June 1st and save \$5.00
making the total camp payment
\$70.00

*Registration received after July 1st
will be accepted with a \$5.00 fee
making the total camp payment
\$80.00

Contact
Coach Dan Glover
with questions

dglover@spencerportschools.org

***This camp is sponsored by
Spencerport Jr. Rangers Wrestling***

Rangers Technique Camp



**July 16th - July 19th
2018**

**Grades 6 – 12
2 pm – 5 pm**

Location:
Spencerport High School
2707 Spencerport Road
Spencerport, NY 14559

The Camp:

Skills and techniques will be taught from top, bottom, and the neutral position. Wrestlers will practice technique, wrestle live, and participate in other mat activities that will aid in improving their skills, teach sportsmanship, teamwork, and love of wrestling.

Camp Philosophy:

To introduce and improve wrestling techniques and training methods in a challenging and stimulating environment.

What to wear:

Participants should dress in athletic attire: shorts, t-shirt, socks, wrestling shoes or sneakers

Other items to bring

- water bottle
- small towel
- head gear (recommended but not necessary)



Summer Camp Staff

Dan Glover

Varsity Wrestling Coach
Spencerport High School
All Greater Rochester Coach of the Year
Section V Class "A" Coach of the Year
Wrestling Alumnus for the College at
Brockport

Bill Jacoutot

2008 National High School Coach of the Year
7 NYS Championship Teams at Spencerport
The College at Brockport
Associate Head Coach

Tony Russo

Assistant Varsity Wrestling Coach
Spencerport High School
Has Coached Wrestlers to 23 Individual
Super Sectional Titles

Paul Glover

2008 NYS Champion for Spencerport HS
NCAA All-American for the College at
Brockport

Tom Rispoli

Varsity Wrestling Coach for Brockport HS
Monroe County Div. II Coach of the Year
Wrestling Alumnus for the College at
Brockport
2010 NJCAA All-American

Insurance:

All participants must have medical coverage to participate. Accident/Medical coverage will be provided on an excess or secondary basis. The camp policy will pay for those expenses not paid for under the parents' coverage limits, subject to camp policy coverage limits, terms, conditions, and exclusions. The camp assumes no responsibility for accidents or illnesses.

Name: _____

Past injuries: _____

Present Health: _____

Drug Sensitivities: _____

Insurance Company _____

Name of Policy Holder _____

Policy Number _____

Medical Release

READ BEFORE SIGNING

I hereby authorize the staff of the above named camp to act for me according to their best judgment in any emergency requiring medical attention.

I hereby discharge and covenant not to sue the Spencerport Jr. Rangers Wrestling Club, any of the agents, or employees from any and all liability of course of action whatsoever arising out of, or related to any loss, damage or injury, including death that may be sustained by me or my child, or to release, or otherwise, while participating in the camp program. My signature on this waiver also states that the above named camper is of sufficient fitness of mind and body to participate in this wrestling camp and is covered by my personal medical insurance policy. I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by the same.

I also understand that the camp retains the right to use for publicity and advertising purposes, photographs of campers at camp.

Parent/Guardian Signature _____

Date: _____