



Sprague Wrestling Camp - November 4-7, 2019

Sprague Wrestling Club - November 2019 - March 2020

The Sprague Wrestling Club is looking forward to a great 2019-2020 season! Beginners, novices, intermediate and advanced wrestlers will take it to the next level if they work hard, stay focused and never give up. Our coaches are eager to lead aspiring athletes to excel in this sport that will teach them to be tough when they are ready to give up, to adapt when met with challenges and to overcome when a situation seems impossible.

The Sprague Wrestling Camp is **free**. At the conclusion of the camp, if you would like to expand on the knowledge and skills learned, it's time to join the Club.

WHO: Any person from Kindergarten through 12th grade
WHAT: Sprague Wrestling Camp. Come in your workout gear: T-shirt and shorts, and wrestling shoes if you have them but they are not required.
WHERE: Sprague High School Wrestling Room
WHEN: **Monday - Thursday, November 4-7, 2019: 5:30 - 6:30 pm**
COACHING STAFF: **Nolan Harris**, Sprague High School Wrestling Coach, 3x All American
Brandon Griffin, 4x State Champion for Sprague High School, Lehigh
SPRAGUE WRESTLING CLUB: **Beginners:** Mondays and Wednesdays - 5:30 - 6:30 pm
Intermediate & Advanced: Mondays, Tuesdays and Wednesdays - 6:30 - 8:00 pm
 *USA Wrestling Card required for tournaments. Visit: www.wrestleoregon.com to purchase USA Wrestling Card.

REGISTRATION

Please register my wrestler(s) for:

- Sprague Wrestling Camp** - November 4-7, 2019. Cost: **FREE**
- Sprague Wrestling Club** - November 2019 - March 2020. *Cost: **\$100**; Sibling(s): **\$50 ea**

Checks payable to:
Sprague Wrestling Club

(Please print clearly)

Wrestler's Name	Age	DOB	School	Grade
Sibling Wrestler	Age	DOB	School	Grade
Address			City, State	Zip
Home Phone	Cell Phone		Emergency Phone	
Family Doctor			Doctor Phone #	

My wrestler is covered on my health insurance policy. Insurance Company Name: _____

RELEASE OF LIABILITY WAIVER

Authorization to Participate: Permission is given for my child to participate in the Sprague Wrestling Club.

Physical Exam: I certify that my athlete has had a physical examination in the past 2 years & is physically able to participate in the Club without restrictions.

Authorization for First Aid/ Medical Treatment: Authorization is given for the administration of first aid when needed, and the coaches and volunteers are authorized to secure the services of a physician or hospital in the event of an accident or illness.

Insurance Waiver: Salem-Keizer School District and Sprague High School/Club coaches are released from any liability and/or any medical/hospital financial obligations that may occur as a result of my child's participation in the program. I accept full responsibility for any and all medical costs incurred.

Parent Signature: _____ E-mail address: _____

TRAIN RIGHT. FIGHT RIGHT. LIVE RIGHT.

<i>Office Use Only</i>	Date Paid: _____	Ck # _____	Cash	Amount: \$ _____
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