



2021 Bloomsburg Panther Wrestling Camp



June 13th, 14th, 15th

8:30am-12:30pm

Students Entering Grades 2-6

(NO Experience Necessary)

\$30 prepaid \$35 day of camp

(Includes daily snack & camp t shirt)

Instruction provided by Bloomsburg HS Wrestling Staff, Wrestlers, and Guest Clinicians

Checks Made Payable to Bloomsburg Wrestling Boosters

Please mail checks and below information to:

M. Lukachinsky Bloomsburg Area School District, 728 East Fifth Street, Bloomsburg, PA 17815

Questions? please contact Lukachinskym@gmail.com

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Wrestler Name: _____

Emergency Contact Name/number _____

My Son/Daughter (Circle) will be entering _____ grade.

Shirt Size youth/adult (circle) S M L XL

Parent Guardian Email/phone contact:

Email _____ Phone: _____

Additional Info (allergies/health concerns) _____

HOLD HARMLESS AGREEMENT

I, _____, the undersigned, do hereby acknowledge that I have been advised of the risks involved in my child's participation in the Bloomsburg Wrestling camp. I further acknowledge that I have been made aware that participation in the camp may result in injury or harm to my child and I assume responsibility for any and all such risk to my child. In the event that my child may sustain an injury as a result of participation in the camp, I hereby agree to hold harmless the Bloomsburg Wrestling booster club, Bloomsburg Area school district, its officers, coaches, athletic trainers, and any other volunteers or agents thereof, for any and all such injuries. I affirmatively certify that to the best of my knowledge, my child is in good mental and physical health and capable of participating in this activity. I have read and fully understand the contents of this "hold harmless" agreement and execute same voluntarily. I agree to modify my child's activities as directed.

Parent/Guardian Signature _____ Date: _____