



**Township of Cedar Grove
Recreation Department**
525 Pompton Ave. Cedar Grove, NJ 07009
(973) 239-1410 x220



Panthers Summer Wrestling Camp

“Summer Wrestling Creates Winter Champions”

**FOR CANCELLATIONS DUE TO INCLEMENT WEATHER;
“LIKE” US ON FACEBOOK, www.facebook.com/cedargroverec or
“FOLLOW” US ON TWITTER, @CedarGroveRec**

- **Who:** Children entering grades 3-12 in Sept. 2019
- **Where:** Cedar Grove HS Auxiliary Gym
- **When:** Mondays, Wednesdays & Thursdays July 1st-Aug. 1st (skip 7/4)
- **Time:** 10:00am-12:00pm
- **Fee:** \$150.00/child – CHECKS MADE PAYABLE TO TOWNSHIP OF CEDAR GROVE
Late fee of \$10 after 6/14/19 – no refunds after 6/14
Registration Deadline is June 25th. There will be no refunds after this date.

Description: Instructor: **Mike Risimini (Region Champ) and Rami Ratel (Division III National Champ and Varsity Wrestling Coach)** along with a variety of other clinicians will be supervising/coaching this camp. The 2019 Panthers Wrestling Clinic is an opportunity for young wrestlers to improve their skills, technique, and strategy through fundamental and advanced drill work with plenty of live wrestling situations. Wrestling is a sport that is more demanding in discipline, the bonding experience with teammates, and physical preparedness than most other sports. Great for wrestlers of all levels!

Wrestling Camp – Summer 2019

NAME _____ GRADE (in Sept.) _____ DOB _____

ADDRESS _____ HOME PHONE _____

CELL PHONE _____ EMERGENCY CONTACT _____

EMAIL _____ PREFERRED HOSPITAL _____

Any Allergies/Health Conditions we should be aware of? (If *Yes*, explain) _____

I hereby give permission for my child to participate in this program. I will not hold Cedar Grove Township, Cedar Grove Recreation or any of their representatives responsible for any loss or injury incurred by my child while playing or practicing. My child is in good health and able to participate without restriction. I am providing an emergency number should I not be present while my child is at practice or a game. I also authorize Cedar Grove Recreation Department personnel/coaches to contact appropriate emergency personnel, should my child need treatment in my absence.

Parent/Guardian Signature _____ **Date** _____

\$150.00