



# 2024 SUMMER WRESTLING CAMP

PRESENTED BY WRIGHTSTOWN WRESTLING

## JUNE 10<sup>th</sup> to JUNE 12<sup>th</sup>

FEATURING

## WISCONSIN WRESTLING STAFF

CHRIS BONO

JON READER

And GARRETT MODEL

(One UW Coach will be at camp every day!!!)

### Session 1

Grades: K – 6

Cost: **\$75.00**

Time: 1:00 p.m. till 2:15 p.m.  
Instruction & Light Drilling

Days: June 10 through June 12

### Session 2

Grades: 7 – 12

Cost: **\$150.00**

Time: 2:30 p.m. – 4:00 p.m. Technique / light drilling  
4:00 p.m. – 4:30 p.m. Break  
4:30 p.m. – 5:15 p.m. Live Wrestling / hard drilling  
5:30 p.m. -- 5:45 Badger Mindset, Pictures, Q&A

June 10 through June 12

Advanced youth may choose to join this session.

#### PAYMENT OPTIONS:

Please make check payable to **Wrightstown Wrestling Club**. Walk ups are welcome but we encourage you to register by June 1, 2024. **Camp size is limited to 100 participants.**



Scan on the QR code  
or the following link <https://tinyurl.com/2tr7deyx>  
to register online and pay using VENMO: @WWC-Rice-20

**OR** MAIL FORMS **Coach Matt Verbeten, 1096 Mill Road, Greenleaf, WI 54126.**

If there are any questions, please call Coach Matt Verbeten at 920-371-0360.

LOCATION: **Wrightstown High School, 600 High Street, Wrightstown, WI 54180.**  
Please enter at Athletic Entrance.

WHAT TO BRING: Wrestling shoes, knee pads, headgear, shorts & t-shirts

## WIN THE DAY!!!!

**Campers participating other activities and may have to miss sessions are invited to join us for the sessions that they can attend!!!!!! Prices WILL NOT be prorated.**

**Pre-registration is still required!!**

**(Return this with check for Preregistration)**

Success doesn't happen overnight. It happens day by day with forward progress large and small.

**2024 BADGER WRESTLING CAMP REGISTRATION FORM**

Name \_\_\_\_\_  
Age \_\_\_\_\_ Weight \_\_\_\_\_ Grade Next Year \_\_\_\_\_  
School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

***Medical Waiver***

**Wrestler's Name** \_\_\_\_\_

Parent Consent and Waiver of Responsibility In consideration of Wrightstown Wrestling Club Summer Camp, acceptance of the camper named above as a student in the camp for the periods described above, the camper by and through his/her parent or legal guardian hereby acknowledges, understands, and agrees to as following: Wrestling is a sport, which involves intense physical contact between two Individuals. The camper will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. As parent(s) or legal guardian(s), we've also been informed that various skin conditions are preventable in the sport of wrestling and while strong measures will be taken to prevent the spread of skin conditions such as Ring Worm, Herpes, and Cold Sores, 100% prevention cannot be guaranteed. Further, we the parent(s) or legal guardian(s) have been informed that there is an assumption of risk when anyone participates in the sport of wrestling. The understanding on behalf of themselves and their child or ward agrees to hold harmless Wrightstown Wrestling Club, Wrightstown High School, staff, property owners and coaches, from and against any injuries incurred by the camper. The understanding hereby releases, waives, and forever discharges Wrightstown Wrestling Club from and against any and all claims, injuries, demands, actions, or cause of actions arising out of the participation by the camper in Wrightstown Wrestling Club Summer Camp. The understanding hereby certifies that the camper is physically able to participate at the camp and that there are no impairments that would limit the participation in the programs. The understanding hereby grants permission for doctors and their designs to administer appropriate medical care, antigens, or injuries, and to perform emergency procedures as necessary.

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***Medical Information***

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_  
ID# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Medical History: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_  
Email: \_\_\_\_\_

**\*\*Please include a copy of the front and back your insurance card\*\***  
**If registering online, please bring a copy with you the first day of camp.**