

# 2024 RED WOLVES WRESTLING CAMP



MONDAY JULY 29th - WEDNESDAY JULY 31st  
OPEN TO BOYS AND GIRLS  
Grades K THROUGH 8th  
9:00 AM - 12:00 PM

Clip here and save top section for the dates!

**\*Campers will receive t-shirts and prizes\***

**BOYS and Girls GRADES K through 8th - JOIN US FOR 3 DAYS  
OF WRESTLING INSTRUCTION AND MATCHES AT THE  
CEDARCREST HIGH SCHOOL WRESTLING ROOM IN DUVALL**

**BRING CLEAN SHOES FOR INDOOR PLAY AND COME DRESSED TO WRESTLE!**

**COST: \$90 FIRST CAMPER \$50 PER ADDITIONAL SIBLING (checks payable to CHS)**

Coached by the Cedarcrest High School Wrestling Coaching Staff and Wrestlers

This camp focuses on introducing the fundamentals of wrestling through fun games and live drills which include:

- Wrestling Fundamentals
  - Conditioning Drills
  - Technique Drilling
  - Competitive Wrestling/Sparing and Games
    - Wrestling Mindset
    - Other Fun Competitions

*Our Goal is to introduce wrestlers to the skills and techniques they can work on during the off season to improve their wrestling to the highest level! Students will leave camp with simple drills that they can work on at home, every day.*

**Register by completing the form below and the emergency form on the reverse side of this flyer and return it with a check to the address at right.**

PLAYER NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ GRADE IN FALL 2024: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_

EMAIL (optional): \_\_\_\_\_

YOUR SCHOOL: \_\_\_\_\_

T SHIRT SIZE (circle) Youth S M L Adult S M L XL

2024 Wrestling Camp

Mail your registration to:

Red Wolves Boys Wrestling Camp  
c/o Shelly Campbell  
Cedarcrest High School  
29000 NE 150th St.  
Duvall, WA 98019  
*Questions? Call Coach Nunez  
@ 360-718-1345 or  
email [nunezg@rsd407.org](mailto:nunezg@rsd407.org)*

## **Emergency Medical Treatment Authorization**

Player Name \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardians Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Family Physician or Health Care Provider \_\_\_\_\_

Physician/Health Care Provider Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Medical Conditions to be aware of \_\_\_\_\_

\_\_\_\_\_

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "no" please specify procedure you wish the coaching staff to follow: \_\_\_\_\_

\_\_\_\_\_

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

*I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this basketball camp. I/We assume all risk and hazards incidental to my/our child's participation in this basketball camp.*

**Parent(s)/Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_