

hosted by **INNER CITY WRESTLING**

a United Charitable program

**Hialeah Gardens Senior High
11700 Hialeah Gardens Blvd.
Hialeah Gardens, FL 33018**



WWW.INNERCITYWRESTLING.ORG

June 17 - June 21, 2019

Ages 6 - 18

Only \$110!

camp t-shirt included

Doors open at 7:00 am on Monday, June 17th

7:00 – 8:00 am registration

morning session

lunch

afternoon session

2:30 pm dismissal

Tuesday, June 18th to Friday, June 21st

8:30 am – 2:30 pm

morning session

lunch

afternoon session

2:30 pm dismissal

Wilbert Johnson, Program Manager

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coachj.innercitywrestling@gmail.com

(305)951-2862

Ana

ana.innercitywrestling@gmail.com

For clinicians and updated information visit:

www.innercitywrestling.org

On-site registration begins @ 7:00am, June 17, 2019



ICW Camp Registration

A \$50 non-refundable check to Inner City Wrestling (18901 SW 106th AVE, Suite A114, Miami, FL 33157) will reserve your spot for the camp. Fees are \$110 total. If not paying in full, balance is due June 17th, 2019. We reserve the right to close registration due to reaching capacity. T-shirt size availability is not guaranteed unless deposit is paid by May 31st, 2019.

Wrestler's Name: _____ Age: _____ Weight: _____

Wrestling Experience (years): _____ School/Coach: _____

USA/FAWA Card # _____ Wrestler's Phone: _____

Parent/Guardian: _____ Phone: _____
print name

Parent email: _____ Address: _____

City: _____ State: _____ Zip: _____ Wrestler T-shirt size: _____
size guaranteed if camp paid in full by May 31st

Emergency Contact: _____ Phone: _____
print name

Relationship: _____

Liability Release

I, the undersigned, individually and as a parent/guardian of _____ (ICW wrestler) a minor, ask that he/she be permitted to participate in the Inner City Wrestling Camp/Clinic/classes/ program (ICW). I do hereby agree to release, discharge and hold harmless Inner City Wrestling, United Charitable, Angel Heart Support Services INC, Miami-Dade County Public Schools, Coral Gables Senior High, Hialeah Gardens Senior High, and any other entities and facilities, its owners, agents, employees, and volunteers, from all causes, liabilities, damages, and claims or demands whatsoever on account of any injury or accident involving the said minor, arising out of the minor's attendance at the sport camp/clinic/classes/ program, or in the course of competition and/or activities held in connection with the camp/clinic/classes/ program. I acknowledge that participation in amateur wrestling carries inherent risks. I acknowledge that my child does not have any conditions that would increase the likelihood of experiencing injuries while engaging in these activities. By signing below, I forfeit all rights to bring a suit against ICW and any other entities for any reason. My child and I will make every effort to adhere to and obey any safety and behavioral precautions that are written and/or expressed verbally. ICW reserves the right to exclude any wrestler and/or parent to protect any and all participants and to ensure the well-being of all participants and the program. All pictures and/or videos taken during the Inner City Wrestling Camp/Clinic/classes/program and/or in connection with Inner City Wrestling are the sole property of Inner City Wrestling and may be used in any and all formats, including but not limited to, websites, social media, print documents, and promotional materials. Pictures and/or videos taken during the Inner City Wrestling camp/Clinic/ classes/program may not be reproduced and/or transmitted in any form without the expressed written consent of Inner City Wrestling.

I, _____, fully understand and agree to the above terms.
print parent name

Parent Signature _____ Date: _____

Wrestler Name _____ Wrestler Signature _____

Staff Use Only

Date Received	Form of Payment	Deposit Amount	Balance Due