

Inner City Wrestling

Doors open at 10:45 AM

11:00AM -12:00 PM warmup/basic skillswith counselors
12:00 PM - 1:00 PM Session One --- Clinician Session
1:00 PM - 2:00 PM Session Two --- Clinician Session
2:00 PM - 2:45 PM Session 3 --- Clinician Session
2:45 PM - 3:00 PM Dismissal

Due to Covid protocols and the need for social distancing, parents will not be allowed to remain in the gym during the camp.

We will not have a lunch break, but will have water breaks. Please plan accordingly.

Wilbert Johnson, Program Manager coachj.innercitywrestling@gmail.com (305)951-2862

Ana Johnson, Registration ana.innercitywrestling@gmail.com

For clinicians and updated information follow us on Instagram @innercitywrestling

On-site registration begins @ 10:30 am, June 28th, 2021

REGISTRATION WILL BE CAPPED AT 80 WRESTLERS





INNER CITY WRESTLING Camp Registration

A \$50 non-refundable deposit to Inner City Wrestling (**CashApp \$1bond1pack**) will reserve your spot for the camp. Fees are \$100 per camp (non-refundable), \$20 additional fee for tshirt. We reserve the right to close registration due to reaching capacity.

Wrestler's Name: _____ Age: ____ Weight: _____
Wrestling Experience (years): ____ School/Coach: _____

USA/FAWA Card #		Wrestler's Phone:			
Parent/Guardian: Pho		Phone:	Parer	Parent email:	
		print name			
Addre	ess:	City:	State: _	Zip:	
Emergency Contact: Phone		Relatio	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. I do hereby agree to release, discharge and hold harmless Inner City Wrestling, United Charitable, 10X Performance Training Center LLC, 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 forfiel all rights to bring a suit against ICW 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 partot 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 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 reproducedand/or transmitted in anyform without the expressed written consent of Inner City Wrestling. a) Wrestlers are NOT to attend practice/camp if they have been in contact with someone who has been ill wit					
I,	print wrestler name	fully understand and agree to the above terms. Parent Signature			
print parent/guardian name					
Date:					
	Staff Use Only Date Received	Form of Payment	Deposit Amount	Balance Due	
	Dato Noodivou	1 om or raymont	Doposit / tillount	Bululioo Buo	