



Pre-Season Wrestling Camp



WRESTLING CAMP FOR YOUTH GRADES 3 Thru 9

Would your wrestler like to get in shape for the wrestling season? How would they like to learn from experienced coaches? Could they use a little extra practice prior to the season? How about learning a few new techniques or refreshing old ones? Then this is the camp for them. **TEN** hours of instruction provided by local High School Coaches. Get an early start on the season. Register early, space is limited.

DATE: November 2—6, 2009
FEE: \$100 per camper
\$500 for a team of 7 players
HOURS: 6:00 pm to 8:00 pm

LOCATION: Broadneck High School
INSTRUCTOR: Scott Harrell
Head Wrestling Coach
Broadneck High School

Program Number for Individual: **148001** (Fee \$100)

Program Number for Team of 7: **148011** (Fee \$500)

If registering a team of 7 please include all participant's names in the comments or attach a separate sheet listing all participants. Register the team using a primary point of contact phone number and mailing information. Questions regarding registration please contact Recreation & Parks Sports Department at 410-222-7865



SEE REVERSE FOR REGISTRATION OPTIONS

EASY WAYS TO REGISTER:

ONLINE: Go to our website at www.aacounty.org/recparks to register online for any program.

BY MAIL/WALK-IN: You may fill in the registration form below and mail in your registration to AACo Recreation & Parks, 1 Harry S Truman Parkway, Annapolis, MD 21401. Night drop box available after hours.

INCLEMENT WEATHER: See our website at www.aacounty.org/recparks or call the weather hotline at 410-222-7312.

Program registration is required. Please make checks/money orders payable to AACo Recreation & Parks. Checks must be pre-printed with name and address of the person signing. If the current phone number is not on the check, please write the phone number on the check. Write the program number in the memo field of the check. There is a \$25 fee for all returned checks.

Refund Policy: All refund requests must be submitted in writing with the exception of cancelled programs. Cancelled program refunds will be automatically processed for 100% of the program fee. Written requests received prior to the start date, will forfeit 20% or no more than \$25 for each registration as an administrative fee. Any request received after the start date will be considered on a case by case basis and pro-rated. Refund requests for medical reason shall be accompanied by a physician's note.

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|---------------------------------|---------------------|
| Parent/Guardian: Name: _____ | Home Phone: _____ |
| Address: _____ | |
| Email: _____ | Cell Phone: _____ |
| Emergency Contact Name: _____ | Relationship: _____ |
| Emergency Contact Phone: _____ | 2nd Phone: _____ |

1. Participants Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Program Number: _____ Program Location: _____ Program Time: _____

Program Number: _____ Program Location: _____ Program Time: _____

Community Athletic Organization Affiliation (i.e. Green Hornets) _____



2. Participants Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Program Number: _____ Program Location: _____ Program Time: _____

Program Number: _____ Program Location: _____ Program Time: _____

Community Athletic Organization Affiliation (i.e. Green Hornets) _____

In consideration of the Department of Recreation & Parks accepting me/my child(ren) in the program, I agree to release & discharge Anne Arundel County, its employees, and agents from any injuries sustained by my child/myself as a result of participation in this program. I agree to indemnify & hold harmless Anne Arundel County, its employees and agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Anne Arundel County, its employees and agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing disability, including but not limited to allergies. Recreation & Parks will be notified of any such disability/sensitivities in writing prior to attending this program. *Participants may at some time be photographed for publicity purposes.

Parent / Guardian Signature _____
Date