

**DV**  
Wrestling

# SUMMER CLINIC

Wrestling  
**DV**



**June 18<sup>th</sup> – 21<sup>st</sup>**

at  
**Delaware Valley  
High School**

**\*Entering Kindergarten  
through 8<sup>th</sup> Grade**

**\*6:00 PM to 8:00 PM**

# DelValWrestling.com

- 🐾 **Welcoming all levels**
  - ✓ **Beginner – Advanced**
  - ✓ **Entering Grades K – 8**
- 🐾 **Sessions designed for all abilities**
- 🐾 **Beginning wrestlers encouraged to attend**
- 🐾 **NO EXPERIENCE NECESSARY**
- 🐾 **Instruction from current DV Wrestlers and Coaches**
- 🐾 **Camp t- shirt to all wrestlers**
- 🐾 **Snack and Drink after each night**
- 🐾 **Pizza on last night**
- 🐾 **Bring a friend on Wednesday**
- 🐾 **Parents are encouraged to stay and watch**

## **Del Val History**

8 Group II Titles  
17 Sectional Titles  
9 NJ State Champions  
110 District Champions  
44 Region Champions  
42 NJ State Place Winners

## **WHAT TO BRING:**

- 🐾 T-Shirt, shorts
- 🐾 Wrestling shoes or sneakers

Questions?

E-mail Coach Andy Fitz at [DelValWrestling@dvrhs.org](mailto:DelValWrestling@dvrhs.org), or call 908-996-2132

## Parental Consent Del Val Wrestling Clinic

Parent Name: \_\_\_\_\_

### **Emergency Contact/Consent**

I give my consent and approval for the named athlete to participate in the Del Val Wrestling Clinic and release the Delaware Valley wrestling staff, camp instructors, and the School District from any liability from injuries or illness while at camp.

I also give my consent and approval for the named athlete to be treated and cared for by a hospital's emergency room staff.

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

\_\_\_\_\_  
Parent / Guardian Phone Number

If I am not available please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### **Insurance Information**

This clinic does not provide medical insurance for athletes. In the event of illness or injury requiring treatment, hospitalization, family medical insurance must be used.

Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

### **SPONSOR INFO!**

Check here if you or your family would like to be a sponsor for this summer's clinic.

Sponsorships are \$150 and goes towards running a first class wrestling program from grades K-12!

**\*All sponsors will have your company or family name on the back of the clinic shirt, on our web site, and in the program for all home matches.**

## Wrestler Application Del Val Wrestling Clinic

Wrestler Name: \_\_\_\_\_

School: \_\_\_\_\_

Grade (in Sept): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Shirt Size (Circle one)**

Adult:            XL      L      M      S

Youth:            XL      L      M      S

### **Cost:**

\$40 for one wrestler if paid in advance  
\$45 to register on the first day of the clinic  
\$15 for each additional child

Payment is required with your application in order to insure a reservation in the camp.

Please make checks payable to:  
**Delaware Valley Wrestling Foundation**

and mail payment along with application to:

**Del Val Wrestling Foundation**  
**PO Box 49**  
**Baptistown, NJ 08803**

Official Use Only:

Cash \_\_\_\_\_ Check \_\_\_\_\_