

DV
Wrestling

SUMMER CLINIC

Wrestling
DV



July 10th - 13th

at
**Delaware Valley
High School**

***Entering Kindergarten
through 8th 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
107 District Champions
43 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, or call 908-996-2132

Parental Consent Del Val Wrestling Clinic

Parent Name: _____

Emergency Contact/Consent

I give my consent and approval for the above named student 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 above named student 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.

Policy Number: _____

Group Number: _____

Other Insurance: _____

SPONSOR INFO!

Check here if you or your family is interested in being a sponsor for this summer's clinic.

All sponsors will have your company or family name on the back of this year's t-shirt!

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

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 _____