



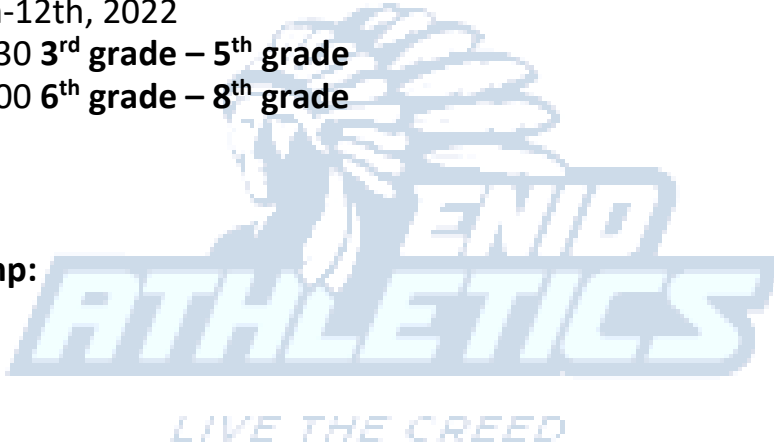
Wrestling Camp

Where: Enid High School Gym
Who: Students **(Girls & Boys)** entering grades 3-8
When: July 11th-12th, 2022
8:30-10:30 3rd grade – 5th grade
11:00-1:00 6th grade – 8th grade

Cost: \$25

Skills Covered at Camp:

Wrestling Agilities
Stance / Motion
Offense
Counter Offense
Top Position
-Break Downs
-Turns
Bottom
-Escapes



Contact with Questions

Trent Holland (580)977-4676 tdholland@enidk12.org

Mail Registration To:

Enid High Wrestling
Attn. Trent Holland
611 W. Wabash
Enid, OK 73701

Walk up registration available

Enid Wrestling Camp Registration

Name _____ Grade (2022-23) _____

School Attending next year _____

T-Shirt Size (circle one) YS YM YL AS AM AL AXL

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____

Parent/Guardian's name: _____

Home address: _____

Cell phone: _____

I, _____, grant permission for my child, _____, To participate in the Enid Plainsmen Wrestling Camp. This activity will takeplace under the guidance and direction of school employees and/or volunteers from Enid High School. A brief description of the activity follows:

Type of event: Sport Camp

Location(s): Enid High School Gym

Individuals in charge: EHS Wrestling Coaches

Duration of activity: July 11th & 12th 2022

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Enid High School, its officers, directors and agents, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection Therewith.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name/relationship: _____ Phone: _____ Family

doctor: _____ Phone: _____ Family Health

Plan Carrier: _____ Policy #: _____ Signature:

_____ Date: _____

Specific Medical Information:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Special Medical Conditions that the coaching staff should be aware of: _____
