

# 2017 Walton Warrior Booster Club

## 4 Day Summer Wrestling Camp - @ Walton Middle School Gym, Walton NY

July 17, 2017 – July 19, 2017 8:30 AM-11:30 AM AND 12:30 – 3:30 PM	July 20, 2017 8:30 AM-11:30
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**Open to Peewee's through High School - \*Elementary grade (K-3<sup>rd</sup>) wrestlers must be accompanied by High School Teammate, sibling or parent**

**Camp Fee: \$45 per wrestler**

**\*\* Breakfast and Lunch available free of charge to all students in the Walton Cafeteria\*\***

### Clinicians:

#### **Joel Ferrara**

Former Head Coach SUNY Cortland  
2X National Qualifier  
Empire Collegiate Conference Champion

#### **Taylor Weigand**

Binghamton HS Head Coach  
2X PIAA Qualifier  
Crosswood HS Mountain Top, PA  
Army Club Wrestler

#### **Micaiah Abts**

15+ years Wrestling Coach  
North West Ohio High School Wrestler  
Buckeye Central Conference Champion

#### **Tristan Rifanburg**

Binghamton University  
6X Section IV Champion  
3X NYS Champion  
5X State Finalist

#### **Dylan Wood**

Binghamton University  
3X Section IV Champion  
3<sup>rd</sup> Place in NYS State 2016  
Over 200 Career HS Wins

#### **Logan Robinson**

5X Section IV Place winner  
2X Section IV Finalist  
2X State Place Winner  
4<sup>th</sup> Place in NYS 2015

#### **Cody Reed**

Binghamton University  
3X National Qualifier  
NYS placer  
2X Academic All-American  
CAA Conference Champion

#### **Rick Armstrong**

30 + years Varsity Wrestling Coach  
NYS champion  
NCAA National Champion  
3x NCAA All-American  
3x SUNY Champion  
NYS Wrestling Hall of Fame

**\*\*ALL WEEK: WDA Coaches will be assisting the Clinicians: Coach Pecori, Coach Davies**

**\*Register at the door\***

**ALL wrestlers who register by 9:30 am on Monday, July 17, 2017 will be guaranteed a camp T-Shirt.**

\*For additional information contact John Jackson @ 607-287-2639 or jjackson@waltoncsd.org

# Walton Booster Club Summer Wrestling Camp

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age (DOB): \_\_\_\_\_

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

Gender: Male Female School: \_\_\_\_\_

Shirt Size: (circle shirt size) - AXL AL AM AS YXL YL YM YS

Parent's Name: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, the undersigned, parent or guardian of \_\_\_\_\_ give my permission for him/her to participate in all activities of the Walton Booster Club Wrestling (WBCW) program. I will notify WBCW by written notice if I withdraw this permission. I release the WBCW officers, staff, coaches, clinicians and officials of any and all liability for any injuries incurred by my son/daughter while engaged in any activity of the WBCW program or its team member.

I authorize the WBCW program or its representatives to request or allow an emergency medical treatment recommended or deemed necessary by a qualified physician or emergence room staff until such a time I am physically present.

As the Parent/ Legal Guardian of \_\_\_\_\_, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I requested and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of above minor. I have not been given a guarantee as to the results of the examination or treatment.

**I have read and understand this release form:**

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_