

Town of DeWitt Recreation Department
5400 Butternut Drive, East Syracuse, NY 13057
(315) 446-9250 x 9
townofdewitt.recdesk.com

Wrestling Camp



This camp is designed to help each individual develop basic fundamental and advanced wrestling skills. The camp will offer group instruction and structured wrestling activities. We look forward to helping young wrestlers improve! Open to children currently in grades 1 – 11. Children in grades 1 – 4 must have previous wrestling experience to participate.

Dates: Monday, July 23 – Thursday, July 26
Time: 5:30-8:00pm
Location: Jamesville DeWitt High School Auxiliary Gym
Fee: \$75/camper

Questions? Contact: Paul LeBlanc at paulleblanc41@gmail.com



Registration: Registration can be done online at townofdewitt.recdesk.com or complete the registration form on the back of this flyer and return it to the Town of DeWitt Recreation Office. Cash, check made out to *Town of DeWitt*, or *credit card accepted. *A service fee will be applied to all credit card transactions.

Town of DeWitt Sports Camp Registration Form

Camp _____ Session/Date _____

Camper's Name _____

Current Grade _____ School _____

Date of Birth _____ Age _____ Home Phone _____

Address _____
Street City Zip

Allergies/Medical Concerns _____

Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian Name _____

Cell Phone _____ Work Phone _____

Email _____

Additional Emergency Contact _____

Phone _____ Relation to Camper _____

Town of DeWitt Waiver

In consideration of your accepting this registration I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and any and all sponsors, representatives, successors and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

Participant/Guardian Signature

Date