

APEX WRESTLING COMMUTER CAMP – 15th ANNUAL

JULY 30th –August 2nd 2018

9am to 1:30pm - \$125

Calkins Middle School, 1899 Calkins Road, Pittsford, NY 14534

Jordan Oliver:

Multiple International tournament victories and medals.
Multiple World Team Trials Finalist and placewinner, Multiple time US Open Finalist and placewinner
Third in Junior World Championships...
4X Collegiate All American (4,1,2,1)
Three-time state champion for Easton High School (Pennsylvania) Placed second at state as a freshman...
Junior Nationals champion...

Mitch Clark: One of the Premier Clinicians in the country for mat wrestling hosting camps from coast to coast.

1998 NCAA Wrestling Champion for Ohio State University

1997 NCAA Runner Up

1993 High School National Champion

Ben Darmstadt: 2018 NCAA All American for Cornell University

EIWA Wrestling Champion and was ranked as high as #1 in the country in 2018.

2 time Ohio high school state Champion.

John Martin Cannon: RIT Assistant Wrestling Coach

3 time NCAA Tournament Qualifier for SUNY Buffalo

Mid American Conference Champion and 2 time runner up.

3 time NYS high school tournament placewinner (3,3,5)

- All GRADES 7-12, Younger with special permission, ***Contact Jason***
- All individuals must send in the registration form with a \$50 non-refundable deposit.
- There will be only a limited number of campers, your \$50 will be returned if you are not accepted.
- Training Camp sessions 9am to 1:30pm & **CAMP COST \$125**
- Family discounts are available: 2nd, family member received \$10 off, etc.

For More Information or to Register On-Line Go To: www.apexwrestling.com

Contact Information: Jason Bovenzi at: 585-802-5799

E: jabatl@rit.edu



COMMUTER CAMP

REGISTRATION FORM Please Print & Mail to: 20 Hopper Hills Way, Mendon NY 14506. Payable to: **APEX**

Athlete Name: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: _____ Age: _____ Grade: _____ School: _____ Weight: _____ Yrs. Exp: _____

Shirt Size: **Youth:** S M L **Adult:** S M L XL 2XL Weight: _____ Yrs. Experience: _____

Allergies/Medications: _____

Does your child have Insurance: **Yes** or **No** Provider: _____ Policy # _____

Parents Email Address: _____ Phone # _____

Parents Email Address: _____ Phone # _____

Neither Apex Wrestling nor the staff of the Apex Wrestling Camp assumes responsibility for accidents or medical expenses incurred as a result of participation. All athletes must assume responsibility for any medical expenses incurred. I have adequate medical coverage and insurance and give my son/daughter permission to attend the Apex Wrestling Camp and I agree to indemnify Apex Wrestling and its employees for any claim which may hereafter be presented by my child as a result of any such injuries

Photo Releases: I give permission for APEX to use any photographs, digital images, videotapes, DVDs, film, CDs or audio recordings. These items may be used for any reasonable purposes, including but not limited to, Promotional, Fundraising, Advertising, and/or Educational purposes, and need not include the child's name or any information about him/her. I waive the right to inspect and/or approve the appearance or use of the above-referenced items.

Parent/Guardian's Signature: _____ Date: _____

How did you pay?

Check # _____ or Cash \$ _____ Amount \$ _____