Apex Wrestling Youth Camp Staff

<u>Jason Bovenzi</u>, Physical Education Teacher at Barker Road MS, Varsity Wrestling Coach-Pittsford

** Exemplary Pittsford Alumni will also assist in instruction and supervision.

For more information contact:

Jason Bovenzi at 585-802-5799 Jason_bovenzi@pittsford.monroe.edu

APEX Youth Wrestling Camp July 22nd – 25th 2013

Students Entering Grades 2-7 NO Experience Necessary

Payment Information CAMP COST- \$65

Make checks payable & Mail to:
Apex Wrestling
20 Hopper Hills Way
Mendon, NY 14506
Or register online at
www.ApexWrestling.COM



Camp Goals

- Teach and reinforce the basic skills and fundamentals of wrestling while gradually progressing into higher levels of technique.
- Encourage self-confidence and a positive attitude towards the sport of wrestling.
- Stress strategies and techniques that have been proven to be successful for all wrestlers.
- Promote fun in a physical setting while focusing on learning.

Camp Information

Location: Calkins Rd MS Gym 1899 Calkins Rd. 14534

Eligibility: All students entering Grades 2-7 for the 2013-2014 school year. No experience

necessary. **Groupings**: Wrestlers will be grouped by age and ability

level.

When: July 22nd - July 25th

Time: 9am-11:30 am.

Cost: \$65

Check # Amount \$ Cash \$

* Includes a T-shirt

What to Bring: sneakers (carried in-clean bottoms), t-shirt, and shorts.

*Wrestling shoes are recommended, but not required.

Youth Camper Name:				_ Parent or G	uardian:		
Address:				City:		_State:	Zip:
Phone Number:				Cell Number			
Birth date:	_ Age: _			Grade:	School:		
Shirt Size: Youth: S M L Adult:	s M	L	XL	2XL	Weight:	Yrs.	Experience:
Person to notify in case of emergency: _					Phone #		
Allergies/Medications:							
nsurance Provider:							
Parents Email Address:							
leither Apex Wrestling nor the staff of the Apex Youth Wrestlin ssume responsibility for any medical expenses incurred. I hav gree to indemnify Apex Wrestling and its employees for any cla	e adequate	medica	l covera	age and insurance ar	nd give my son/daugh	ter permission to	
Parent/Guardian's Signature:						_ Date:	