

## CAMP APPLICATION

Camper's Name: \_\_\_\_\_

Parents'/Guardians'

Names: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

School: \_\_\_\_\_

Grade (2018-19): \_\_\_\_\_

Shirt Size (circle one):

YS YM YL YXL AS AM

\_\_\_\_\_ First camper at \$40.

\_\_\_\_\_ Additional family campers at  
\$30 each.

\_\_\_\_\_ Total Payment

Pre-registration with payment is due by:  
May 10, 2018.

Please make checks payable to:  
Delone Catholic High School Athletic Association

All proceeds will benefit  
Delone Catholic High School Athletic Programs.

Please mail completed application and payment to:  
Delone Catholic High School  
ATTN: Wrestling Camp  
140 South Oxford Avenue  
McSherrystown, Pa. 17344

For more information, please call:  
Athletic Department  
717-637-5969



DELONE CATHOLIC HIGH SCHOOL  
ATTN: Wrestling Camp  
140 South Oxford Avenue  
McSherrystown, Pa. 17344

For more information, please call:  
Athletic Department  
717-637-5969



## 2018 SQUIRE SPORTS CAMPS

For Boys Entering  
Grades K-8

June 5-7, 2018

5:30 - 7:00 p.m.  
in the  
Wrestling Room  
at  
Delone Catholic  
High School

# WRESTLING

# SKILLS CAMP

- Instruction in fundamental skills
- Takedowns
- Half Nelson's
- Top and Bottom Techniques
- Drills for wrestling toughness
- Wrestling mental toughness
- Dodge Ball
- Games
- Free T-shirt

## COACHING STAFF

Head Coach  
Chad Giraffa '88

Assistant Coach  
Kevin Repasky '91

Additional staffing provided by the  
Delone Catholic Wrestling Team

## COST

(includes camp t-shirt)

First camper: \$40 per camper  
Additional family campers: \$30 per camper

## EQUIPMENT

Shirts, shorts, sneakers, and wrestling shoes should be worn each day. Campers should bring a water bottle.

## MEDICAL WAIVER

I, the undersigned, hereby expressly and affirmatively state that I wish for my child,

\_\_\_\_\_ to participate in the Squire Sports Camp. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Signature: \_\_\_\_\_

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

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_