
P-TOWN ROUGHNECKS 16TH WRESTLING CAMP

NAME _____

Address _____

City, State, Zip _____

Phone _____

Emergency Phone _____

Age _____

Yrs Wrestling _____

Mail To:

P-TOWN WRESTLING CAMP

PTHS - Corey Christenson "C2"

1100 E Indiana Avenue

Pontiac, IL 61764

**Or bring it in with money and
"signed" insurance waver.**

****EARLY SIGN-UP**

PREFERRED!**

IMPORTANT INFORMATION

Times: Monday-Friday, June-26-June 30

One sessions a day for **Age 6 and up**
1-3:00.

Supervision: Coaches and clinicians will supervise participants during the ***instructional sessions.***

Transportation: Each participant is responsible for his/her own transportation to and from camp.

Insurance: Parents and guardians are responsible for providing accident insurance.

Cancellation/Refund Policy:

Participants who must leave the camp due to illness, injury, or family emergency will NOT receive a refund.

Eligibility: Anyone who is interested in our great sport. IKWF / IESA / H.S. / College / Open, Coaches, and Parents. Parents and guardians must sign a medical release and parent consent before a student can participate. Please send medical release and consent with payment.

Camp Fee:

\$50.00 for ALL participants.

Late Registration:

Day of Camp is at 1 AM

Hosted by: Coach Corey Christenson

Phone: 815-844-6113

Cell: 847-561-9073

Email: cchristensonc@pontiac90.org

P-TOWN ROUGHNECKS WRESTLING CAMP 16



**JUNE 26 - June 30
1-3:00**

@

PONTIAC HIGH SCHOOL

More clinicians may be added...

***P-TOWN ROUGHNECKS
WRESTLING CAMP IX***

WAIVER: In consideration of your acceptance of this entry, I, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release the P-TOWN ROUGHNECKS WRESTLING CAMP X and PTHS, their agents, committees, and members from any or all claims on right to damage for injuries or losses suffered by me directly or indirectly in training, or traveling to or from or competing in, or attending the P-TOWN ROUGHNECKS WRESTLING CAMP. Anyone falsifying information will be reported.

Be assured that safety always comes first with our instructors, but accidents sometimes occur due to the nature of our sport. The form MUST be signed, dated, and returned when your wrestler arrives to camp. Thank you very much for your cooperation.

Signed Participant _____

Date _____

Signed Parent _____

Date _____

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