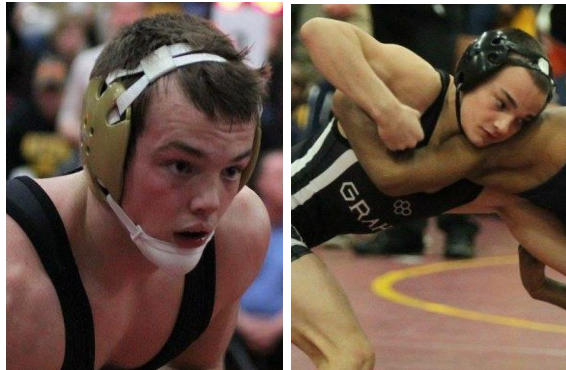




Vandalia-Butler's NEXT LEVEL Wrestling Camp

- DATE:** Monday, June 20th and Wednesday, June 22nd
- TIME:** 6:30 - 8:30 pm (1 hour of technique & drilling/1 hour of live wrestling/Q&A)
- LOCATION:** Butler High School Wrestling Room, 600 South Dixie Drive, Vandalia 45377
(south on Dixie Drive, left into football stadium, enter by tennis courts)
- AGES:** Grades K – 12 (bring a drill partner)
- COST:** \$30 (includes t-shirt) OR \$10 per night (no shirt, but can be purchased for \$10)
- DIRECTOR:** Mark Peck, Head Coach, Butler HS (mark.peck@vbcasd.com or 937-415-6311)

COUNSELORS:



MONDAY, June 20th - Brent Moore/Mitch Moore

Ohio HS State Champions – Graham HS
OAC JH State Champions
Brent – Flo Nationals Champion, Virginia Tech Signee
Mitch – Ironman Champion



WEDNESDAY, June 22nd - Kendall Newell

Sophomore – Heidelberg University
HS State Placer – Butler HS
USA Wrestling-Ohio Team Member
GWVWA Scholar-Athlete

PRE-REGISTRATION

(not required, but no guarantee on shirt size if you don't!)

NAME: _____ **AGE:** _____ **WEIGHT:** _____ **SCHOOL:** _____

ADDRESS: _____ **PHONE #:** _____

PARENT SIGNATURE: _____ **EMERGENCY PHONE #:** _____

EMAIL ADDRESS: _____

SHIRT SIZE (circle): YS YM YL S M L XL XXL

Checks payable to BUTLER BOOSTERS and SEND TO:
Mark Peck * 533 Ashbury Farms Drive * Vandalia, OH 45377
(937) 415-6311 or mark.peck@vbcasd.com

ASSUMPTION OF RISK/RELEASE OF ALL CLAIMS **(under the age of 18)**

As a parent/guardian of a child (as named below) under the age of eighteen (18) wishing to participate in the Next Level Wrestling Clinic, taking place at Butler High School from June 20 & 22, 2016, I recognize and acknowledge that this clinic carries a certain risk of personal injury. I agree, on behalf of myself and my child, to assume all such risks, including any damages resulting from physical injuries, death, loss of services or consortium, loss of damage to property, or any other loss which I or my child may sustain as a result of my child's participation in this clinic.

I hereby give permission for my child to participate in the clinic from June 20 & 22, 2016. In consideration of the Vandalia-Butler City School District Board of Education allowing my child's participation in the clinic, I hereby, for myself, for my child, and for all heirs, executors, administrators, and assigns, forever release, waive, and relinquish all claims I or my child have or may have as a result of my child's participation in the clinic. Furthermore, I promise on behalf of myself and my child not to sue the Vandalia-Butler City School District Board of Education, or any of their officers, employees, or agents for actions or omissions arising from or connected with the clinic, and to indemnify and hold harmless the Vandalia-Butler City School District Board of Education as a consequence my child's participation in the clinic.

I understand that the terms of this Assumption of Risk and Release of All Claims are contractual and not a mere recital. I acknowledge that I have read and understand the information contained in this Assumption of Risk and Release of All Claims, and I sign this document of my own free will.

Date Signed

Signature of Participant/Phone #

Date Signed

Signature of Parent/Phone #