



# Wrestling Bulldogs



- 🐾 **Ironclad Wrestling Technique Camp (7<sup>th</sup>-12<sup>th</sup> graders)**
  - hosted by Opelika Wrestling Bulldogs
- 🐾 **May 29-30 @ Opelika High School Mainstreet Gym**
  - 1700 Bulldog Parkway (formerly Lafayette Parkway)
  - Opelika, AL 36801
- 🐾 **6 (2-hour) sessions**
- 🐾 **Instructor: Jake Elkins of Ironclad Wrestling**
  - 2X NCAA All-American from Newberry College
- 🐾 **Times**
  - 9-11; 2-4; 6-8
  - Lunch will not be provided
- 🐾 **Styles:**
  - **Folkstyle**
- 🐾 Cost is \$750 per team (regardless of number) or \$125 per individual
- 🐾 Campers will need wrestling shoes, t-shirts, shorts, and socks
- 🐾 You may pre-register/Pre-pay or register/pay at the door
- 🐾 Please make all checks payable to Opelika Wrestling
- 🐾 Contact Person-Coach Jim Davis of Opelika Wrestling
  - 678.327.6554 (cell)
  - [Jimmy.davis@opelikaschools.org](mailto:Jimmy.davis@opelikaschools.org)
  - Send registration to OPELIKA Wrestling
  - c/o Jim Davis
  - 1700 Lafayette Pkwy
  - Opelika, AL 36801



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## Registration Form

Name: \_\_\_\_\_ Parents/Guardian \_\_\_\_\_

Address: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ email: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

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## Medical Waiver/Release of Liability

I, \_\_\_\_\_ (parent/guardian), grant permission to the above named camper to participate in the Ironclad Wrestling Technique camp hosted by Opelika Wrestling and acknowledge that he/she is physically able to participate in the camp activities. I also understand that an injury is possible while participating in camp activities. I hereby release Opelika City Schools, the coaching staff, clinicians, and director of the camp from any and all liabilities, claims, demands, actions, and causes of actions whatsoever arising out of or related to any loss, damage or injury, that may be sustained by my child while participating in camp-related activities, or while in, on or upon the premises that the activity is being conducted.

Further, I authorize medical treatment, which may be advised by the attending Certified Trainer, if necessary. I also give permission for any emergency medical care of treatment that that may be required, including transportation and accept responsibility for the cost associated with such treatment. \_\_\_\_\_ (Initial)

I also understand that my son/daughter must have insurance in order to participate and that this registration is incomplete without insurance information.

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

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

Name of Insured: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_