



Time to Wrestle... and Improve



www.citykidswrestling.org OR SIGN UP ONLINE

2022 CITY KIDS SUMMER WRESTLING CAMPS

- Cost: \$60 per camp. ALL CAMP PASS: \$200
- MPS Students: \$30 for one camp or \$70 for ALL
- SIX CAMPS. SCHOLARSHIPS AVAILABLE.

Boys & Girls: 6 -18; EXPERIENCED WRESTLERS ONLY. BEGINNERS are WELCOME at CAMPS 1&2 - 9am to Noon & may attend other camps AFTER beginner Camps. ALL CAMPS are at PURA VIDA GYM. 4125 N. Richards St. ONE block NORTH of Capitol Dr.

Mail check & registration form to: City Kids WC, 1800 N. Prospect #15C Milwaukee, WI 53202 or turn in at site.

Camp 1 June 21-23 Tues to Thurs 9am-2:30pm	Camp 2 June 28-June 30 Tues to Thurs 9am to 2:30pm	Camp 3 July 5-7 Tues & Wed 9am to 2:30pm	Camp 4 July 12-14 Tues to Thurs 9am to 2:30pm	Camp 5 July 19-21 Tues to Thurs 9am to 2:30pm	Camp 6 July 26-29 Tues to Thurs 9am - 2:30pm
ALL WRESTLERS	ALL WRESTLERS	ALL WRESTLERS	ALL WRESTLERS	EXPERIENCED WRESTLERS	EXPERIENCED WRESTLERS
1 st - 12 th grade	1 st - 12 th grade	1 st - 12 th grade	1 st - 12 th grade	1 st to 12 th grade	1 st to 12 th grade

ALL WRESTLERS: 1. TEMPERATURE SCAN before EACH practice; 2. EXERCISE & PRACTICE in your own MAT CIRCLE (each circle is 7 feet apart); 3. DRILLS with PRACTICE DUMMIES; 4. SHOWERS available after ALL PRACTICES (OUR disinfectant soap available) - (bring clean clothes & a towel); 5. LIVE PRACTICE will be permitted; 6. MATS will be cleaned & disinfected AFTER EACH PRACTICE; LUNCH IS NOON to 1pm EACH DAY. BRING YOUR OWN LUNCH. AFTER NOON is STRENGTH & CONDITIONING

COACHES INCLUDE: SHANE KENNELLY: BRYANT & STRATTON COLLEGE HEAD WRESTLING COACH & SEVEN TIME Coach of City Conference Champions; Current collegiate wrestlers AND other HS COACHES & COLLEGE WRESTLERS. ALL Coaches are licensed & background checked.

Camps supported by funding from Employ Milwaukee & donations & fees.

INTERESTED IN BEING A CAMP SPONSOR? CONTACT CKWC

FOR INFORMATION CALL: ROGER @414-651-4820 OR SHANE @773-329-3772 www.citykidswrestling.org

City Kids Wrestling Club is a non-profit 501(c) (3) corporation. CONTRIBUTIONS ARE WELCOME & DEDUCTIBLE

REGISTRATION Print Clearly. Put a Check Mark next to each camp you are attending.

ALL CAMPS AT PURA VIDA GYM: 4125 N. RICHARDS (1 BLOCK NORTH OF CAPITOL DRIVE)

Camp 1 Camp 2 Camp 3 Camp 4 Camp 5 Camp 6 WEIGHT _____
 AMOUNT PAID: By Cash OR Check No. _____

Name of Participant _____ Date of Birth _____
 School Grade in September 2022 _____ Name of School _____ Years of Wrestling _____
 Address _____ Apt. # _____ City _____ Zip Code _____
 Day Phone _____ Evening Phone _____ Cell Phone _____
 Name of Parent(s) or Guardian _____
 Emergency Contact _____ Phone(s) _____

CKWC Waiver and Parental Release:

I, the undersigned, parent/guardian of _____ (participant's name) on _____ (date) release the City Kids Wrestling Club, Inc. (CKWC) and their partners and all their employees, officers, and agents from all claims of damage, demands, and actions whatsoever, including costs and attorneys fees, arising out of negligence of CKWC and/or their partners in conjunction with my child's participation in summer wrestling camp activities. This release is given in consideration of providing supervision of my child during summer camp activities and includes, but is not limited to, my commitment to hold CKWC and/or their partners harmless from any such claims against them. I hereby submit that my child is physically able to participate in summer wrestling camp activities. I understand that there are risks inherent in wrestling activities, including the risk of physical injury or death, and I assume such risks on behalf of my child. I release CKWC and/or their partners from all liability arising from the negligence of CKWC and/or their partners, their agents, officers, directors and employees if my child is injured and/or if any claims should arise out of my child's participation. I authorize CKWC and/or their partners to act for me according to their judgment in any emergency involving my child requiring medical attention. I agree to pay all expenses incurred due to any emergency involving my child in conjunction with summer wrestling camp.

Parent/Guardian Signature: _____ Date: _____

Primary health insurance company: _____ Policy #: _____