

Photo Copies
Accepted



Photo is from one of the Granby School Youth Camps. Our youth camps are carefully planned for ages 7-12 so that wrestlers have a positive experience in a closely supervised environment.

www.granbyschool.com

2012 Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ Emergency #: _____

Email: _____

School: _____ Grade: _____ Coach: _____

MISSOURI CAMP June 10-14

Youth Camp Resident \$405
 Team Commuter \$305
 Technique

VIRGINIA CAMP WEEK 2 June 24-28

Youth Camp Fargo Camp
 Team Resident \$405
 Technique Commuter \$305

**VIRGINIA CAMP WEEK 1
June 17-21**

Team Resident \$405
 Technique Commuter \$305

VIRGINIA CAMP WEEK 3 July 8-12

Youth Camp Resident \$405
 Technique Commuter \$305
 Fargo Camp



Residential Coach: Free with 10 or more athletes, \$305 with 5-9 athletes, \$405 with 0-4 athletes

Mail to: Granby School of Wrestling, Inc., PO Box 15265, Chesapeake, VA 23328. Please send deposit of \$195. **ALL DEPOSITS ARE NON-REFUNDABLE.** No Checks 14 days prior to the start of camp. Balance is due in cash or money order the day of registration.
Payment by Visa/MasterCard(circle one): Card# _____
Code# _____ Expiration Date _____ Zip _____
 Payment by Credit Card **Payment by Check** **Amount Paid** _____
Coaches: There is a \$25 per person discount for teams of 10 or more that register before May 1st. The registration forms need to be mailed together, to guarantee the discount.
***Airport pickup is only provided for the Virginia Camps! Additional charges will apply.**

The undersigned student, parent or guardian of (student's name) _____
the applicant for and in consideration of the Granby School of Wrestling, Inc., accepting said applicant, hereby agrees to save and indemnify and keep harmless the said Granby School of Wrestling, Inc., its agents, and sponsors, against any and all liability claims, judgments or demands for damages arising as a result of injuries by the applicant traveling to and from Hampden Sydney College, Missouri Military Academy and during his stay at the school and on the school grounds, or while wrestling or taking instruction in wrestling.

PARENT'S OR GUARDIAN'S SIGNATURE

APPLICANT'S SIGNATURE

MEDICAL PERMISSION SLIP

I approve of my son's attendance at wrestling camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care.
*Physical form not needed to participate.

PARENT'S OR GUARDIAN'S SIGNATURE

Wrestler's Name _____ Weight _____ Age _____ *10 and under will need adult supervision
Address _____ Phone No. () _____ Session# _____
City, State, Zip _____ Insurance Co. _____ Policy No. _____

FOR MORE INFORMATION CALL 1-888-514-1302

WWW.GRANBYSCHOOL.COM