

Greenwood Youth Wrestling Camp
Hosted by John Kincade/Greenwood Head HS Wrestling Coach

Location: Greenwood HS Rock Gym (1 Block East of 420 N. Main)

Cost: \$60.00 per wrestler/\$40.00 per extra family member

All Campers Should Bring:

1. T-Shirt and Shorts or Wrestling Singlet
2. Wrestling shoes or tennis shoes
3. Headgear (Optional)
4. Mouthpiece (Optional)
5. Water Bottle/Drink

Please place a mark on the camp in which you are planning to attend!

Beginners (K-2nd): _____

Experienced (3rd-8th): _____

Sessions:

K-2nd

3rd-8th

June 7th-9th

June 7th-9th

8:30-9:00 A.M. Register

10:30-11:00 Register

9:00-10:30 A.M. Camp

11:00-12:30 P.M. Camp

Parents/Coaches Session afterwards on how to start and build a youth wrestling program. With 33 years of coaching experience, Coach Kincade will tell you some things that work and don't work in keeping a young person involved with wrestling through to their Senior year of high school.

Contact Information:

John Kincade (479)431-9369 Cell #

john.kincade@greenwoodk12.com email address

**Registration Form
2021 Greenwood Summer Youth Camp**

Wrestler's Name: _____ **Age:** _____

Weight: _____ **Birth Date:** _____ **Grade (Fall 2021)** _____

T-Shirt Size: _____

Parent(s)/Guardian's Names: _____

Email: _____

Cell #: _____ **Emergency #:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

In consideration of the acceptance of this application for registration, I, intending to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against Greenwood Public Schools, all Administrators, John Kincade, and Staff and anyone else involved with the Greenwood School System, or its representative and/or assignees for any and all damages which may be sustained and suffered by me in connection with my association with or entry in this camp, and which may arise out of my traveling to, participating in, or returning from this camp. My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize John Kincade and Greenwood Public Schools to act for me, according to its best judgment in any medical emergency, and I hereby waive and release John Kincade, Staff, and Greenwood Public Schools, or its representative and/or assignees from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is true and correct. By signing below I am also giving permission to post my son(s)/daughter(s) picture and/or information on local paper(s) or John Kincade's or Greenwood Public School's websites.

Participant's Signature _____ **Date:** _____

Parent(s)/Guardian's Signature _____

_____ **Date:** _____

PLEASE MAKE CHECKS PAYABLE TO: GREENWOOD HS WRESTLING

CASH: _____ **CHECK #:** _____ **AMOUNT:** _____