



EDWARDSVILLE WRESTLING CLUB

Our Mission is to enrich the lives of Wrestlers and their families through the sport of wrestling.

SUMMER WRESTLING PROGRAM

The **EWC SUMMER WRESTLING PROGRAM** is set up to provide a fun environment for EWC kids to enjoy the sport of wrestling. This program will allow your wrestler the ability to stay active during the summer months and continue to learn skills that will help him/her in the sport of wrestling. The 2 hour practice will be broken up into 3 phases. The first phase will focus on the sport of wrestling. This phase will consist of drilling specific techniques that will help improve wrestling skills. The second phase will consist of strength and agility exercises that will be done in an age appropriate manner. The last phase will be various activities set up for kids to have fun but will still be wrestling oriented.

Summer Program Fees: \$70 per month

JUNE

TRAINING DATES: June 2, 4, 9, 11, 16, 18, 23

WRESTLERS: 7—9 Years Old (9 a.m.—10 a.m.)
10-14 Years Old (10 a.m.—Noon)

JULY

TRAINING DATES: July 2, 7, 9, 14, 16, 21, 23

WRESTLERS: 7—9 Years Old (9 a.m.—10 a.m.)
10-14 Years Old (10 a.m.—Noon)

CAMP: July 28—July 30

7—9 Years Old (9 a.m.—Noon)
10-18 Years Old (9 a.m.—4 p.m.)

Wrestlers will be grouped according to age and skill level. This will be done in the first week of the Summer Program.

CAMP DIRECTOR:

PAT McNAMARA, EWC Head Coach
618-204-2415

JON DAVIS
WRESTLING CENTER

6168 Center Grove Road
Edwardsville, IL 62025

REGISTRATION FORM—EWC SUMMER WRESTLING CAMP

NAME: _____ **AGE:** _____ **GRADE:** _____

ADDRESS: _____

HOME PHONE: _____ **EMERGENCY CONTACT NAME & PHONE #:** _____

EMAIL ADDRESS: _____

Insurance: Parent or guardian is responsible for accident insurance. The undersigned parent or guardian of (Camper's name) _____

the applicant for and in consideration of EWC Summer Wrestling Camp said applicant, hereby agrees to save and indemnify, and keep harmless the said EWC Summer Wrestling Camp, its agents, and sponsors, against any and all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from EWC Summer Wrestling Camp's site and during the stay at the Jon Davis Wrestling Facility and on Edwardsville Community Unit School District 7 grounds, or while wrestling or taking instruction in wrestling and recreational activities.

Signature (Parent or Guardian)

Date

Mail your Registration form and payment (checks payable to EWC) to: Pat McNamara 6168 Center Grove Road, Edwardsville, IL 62025