

2021 Viking Wrestling Camp



WHEN

July 17th-18th, 2021.

WHO

7-12th Grade Wrestlers

SESSIONS

July 17th = 3 sessions

Session 1 (2 Hours): 8:00am

Session 2 (2 Hours): 11:00am

Lunch 1:00pm (Provided)

Session 3 (2 Hours): 2:00pm

July 18th = 2 Sessions

Session 1 (2 hours): 8:00am

Session 2 (2 hours): 11:00am

-Live Wrestling (parents allowed)

WHERE

Northridge High School - 6066
Johnstown Utica Rd, Johnstown
OH 43031

COST AND PAYMENT

Cost: \$100 Per Wrestler

-5 - 2-Hour Sessions

-Lunch on the 17th at 1:00pm

-Camp shirt

**Make checks Payable to Northridge
Athletic Boosters. Write "Wrestling Camp"
in the memo line. You can either mail
checks in or drop them off at the High
School during check-in before the camp.

GUEST COACHES

Steve Luke

- University of Michigan Wrestling
- 3X All American
- National Champion at 174lbs

Sparty Chino

- Ohio University Wrestling
- NCAA D1 National Qualifier at 157lbs

Cullen Cummings

- Ohio University Wrestling
- Wrestled 149, 157

Seabass Pique

- Ohio University Wrestling
- Wrestled 125

Tom Williams

- Ohio University Wrestling
- Wrestled 149, 157, 165

Jake Adkins

- Princeton University Wrestling
- Wrestled 133, 141

Dylan D'Emilio

- The Ohio State Wrestling
- Wrestles 141
- NCAA Qualifier
- 2nd @Cadet Pan American Games

Klay Reeves

- The Ohio State Wrestling
- Wrestles 141, 149

Viking Wrestling Camp Registration Form

[Click HERE to Register Online](#)

Athlete's

First Name:_____Last:_____

Grade:_____

School: _____

Years of Experience:_____

Parent/Guardian First Name:_____Last:_____

Street Address:_____

City: _____ State:_____

_____ Zip:_____

Parent/Guardian Cell#:_____

E-mail Address:_____

Contact Preference: (CIRCLE) Mobile# E-mail

Primary Emergency Contact

First Name:_____ Last:_____

Relationship to Athlete:

_____ Cell

Phone#:_____

Secondary Emergency Contact First Name: _____

Last:_____

Relationship to Athlete:

I, _____, agree to
pay \$100 for the price of the 2-day camp (Make Checks
Payable to: Northridge Athletic Boosters. Write
“Wrestling Camp” in the memo line.

Print Full Name:_____

Parent/Guardian Signature: _____

Date:_____

Viking Wrestling Camp Waiver

I, _____, the undersigned, understand and acknowledge that participation in a wrestling program can be hazardous and I realize that no one should enter into a wrestling program unless the participant is physically, mentally and medically able. I/We assume all risk associated with this activity, including but not limited to falls, contact with other participants or equipment, effects of weather, equipment failure, wrestling conditions, and communicable diseases. I fully understand that it is my responsibility to ascertain if this specific activity contains other elements of risk that could prove harmful to a participant. Each participant, or in the case of a minor their legal guardians, or anyone on the participant's behalf voluntarily makes and grants this Waiver and Assumption of Risk in favor of the Viking Wrestling Camp, its members, representatives, agents, sponsors, successors and coaches, and the wrestling facility provider(s) as partial consideration, in addition to the monies paid to the Northridge Athletic Boosters for the opportunity to use the facility, and to receive training, guidance, tutelage and instruction from the Viking Wrestling Camp, the participant and their legal guardians do hereby waive and release any and all claims whether in a contract or of personal injury, bodily injury, property damages, damages, losses and/or death that may arise from the aforementioned services and use of facilities, as the participant and their legal guardian understands and recognizes that there are certain risks, dangers and perils connected with such use and services, which the participant and their legal guardian acknowledge having been fully explained to them and they fully understand, and nevertheless accept, assume and undertake after inquiry and investigation of extent, duration, and completeness wholly satisfactory and acceptable to the participant and their legal guardian. The participant and their legal guardian agrees to use their best judgment in undertaking these activities, use and instruction and to faithfully adhere to all safety instructions and recommendations, whether oral or written. The participant and their legal guardian certifies that they are competent and capable of assuming these risks of their own free will, being under no compulsion or duress. This waiver and assumption of risk are effective upon each and every meeting and may not be revoked, altered, amended, rescinded, or voided without the express prior written consent of the Viking Wrestling Camp. The payment of the fees and undertaking of the program is acceptance of this waiver and assumption of risk.

Printed Name_____

Signature_____ **Date**_____