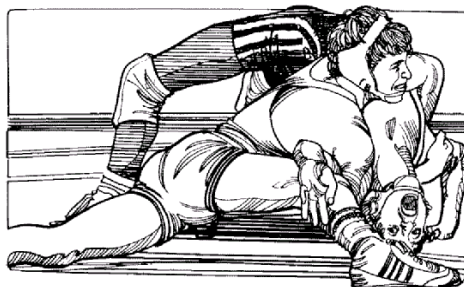


Golden Knights



Wrestling Camp

17th Annual

When: June 5th -9th
3:30-5:30pm

Where: NVOT North Gym

Previous Guest Clinicians: Coach John Sacchi, Rutgers University; Devin Biscaha D3 NCAA Champion; Dominic Dellagatta, NJ State Finalist and D3 NCAA Champion; Gene Ashley, NJ State Champion and NCAA Champion; Coach Brendan Buckley, Columbia University; Damian Logan, 2x NCAA D1 All-American, 3x N.J. State Champion; Florian Ghinea, NCAA Champion, Romanian National Champion; Chuck Barbee Head Coach, West Point Military Academy; Don Pritzlaff, 2x NCAA Champion, 4x NCAA D1 All-American, NJ State Champion; Joe Mazzeo, NJ State Finalist; Joe Burke, 2X NCAA Division I All-American; Max Askren, NCAA Champion, 3X Div 1 All-American

2017 Clinicians: TBD

Coaches:

Staffed by coaches from Old Tappan HS and outstanding graduates.

Contact Information: Coach Ortiz 201-784-1600 ext. 24337 or ortizr@nvnet.org

What to Bring: Wrestling shoes, water bottle, headgear, and change of clothes.

Cost: \$100 per camper. Additional family members are \$50 each. Please respond by June 1st, but walk-ins are welcome.

Wrestler's Name: _____ **Grade Next Year:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone:** _____

Age: _____ **Approximate Weight:** _____

T-Shirt Size: (Please Circle one) Youth XL Small Medium Large XL

Mail Forms to: Golden Knights Wrestling Camp
Attn. Rob Ortiz
100 Central Ave, Old Tappan N.J. 07675

Make Checks Payable to: Golden Knights Wrestling Camp
(PLEASE COMPLETE CONSENT FORM ON BACK BEFORE SENDING REGISTRATION IN.)

Consent Form:

I understand that wrestling is a physical sport and there is some risk. Golden Knights Wrestling Camp, its coaches, and NVOT will not assume responsibility or liability for any injuries—medical, dental, or other—or any expenses incurred as a result of accident. I hereby agree to the above statement and certify that my child is in good physical condition and health, and may participate in all camp activities. In case of an emergency, I grant permission for my child to be treated at whatever nearby hospital emergency responders see fit.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact: _____ **Relation:** _____

Phone: _____

Allergies: _____ **Special Limitations:** _____