



West Fargo High School Youth Wrestling  
Camp



**April 12-23, 2021**

**Grades: K through 6<sup>th</sup>**

The camp will be held from 6-7 pm. Monday – Friday in the WFHS Wrestling Room.

All Campers will have the opportunity to learn the fundamentals of wrestling with an emphasis on core moves and proper drilling techniques. The West Fargo coaches and wrestlers will be instructing. This camp is designed for wrestlers with 0-2 years of wrestling experience.

**\*\* Bring Form and \$10 Fee to first practice on April 12<sup>th</sup> \*\***

**Registration begins at 5:30 pm on April 12<sup>th</sup>**

**Wrestlers Name:** \_\_\_\_\_

**Wrestlers Age/Gender:** \_\_\_\_\_ **School Wrestler Attends:** \_\_\_\_\_

**Parent/Guardian Name and Phone Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Number:** \_\_\_\_\_

**Alternative Emergency Contact Number or Email Address:** \_\_\_\_\_

This is to certify that I give permission for \_\_\_\_\_ to participate in the West Fargo High School Youth Wrestling Camp. I hereby authorize camp staff to act for me, according to their best judgments in any medical emergency. I understand that I will provide and pay for all medical treatment that my child would need in case of injury or illness and will not hold West Fargo High School, West Fargo Staff member, Coaches, West Fargo Wrestlers, or and other camp staff members involved with the camp liable for any injury or illness occurred while attending the camp. Lastly I understand that the camp fee is nonrefundable.

**Parent/ Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/ Guardian printed name:** \_\_\_\_\_

For additional information feel free to contact Taylor Nein at [taylornein@gmail.com](mailto:taylornein@gmail.com).