

ADIRONDACK YOUTH WRESTLING CAMP

Camp Philosophy: Develop the technique of youth wrestlers and prepare them for their future on the mats.

July 17th through July 21st

9:00am to 3:00pm

**Camp Fee: \$125.00 includes camp t-shirt
Discounts for multiple family members**

Location: Hudson Falls High School

For any wrestler entering 3rd—9th grade.

Daily Activities:

- **Morning and Afternoon Technique Sessions**
- **Coaches' Keys to Success**
- **Team Competitions**
- **Swimming**
- **Lunch**
- **Friday Afternoon Dual Meet**
- **Outside Activities**

**The camp will be limited to the first
60 wrestlers that register.**

COACHES

Mike Prendergast

Hudson Falls

Matt Miller

Glens Falls

Dick Whitaker

Corinth

Mark Trapasso

Warrensburg

Jim Hubert

Warrensburg

Mike Varmette

Lake George

Bob Winchip

Queensbury

Steve Jones

Burnt Hills

Rob Weeks

Shenendehowa

Camp Directors: Matt Miller and Mike Prendergast
For further information on registration or questions regarding the camp:
Matt Miller: 256-9004 or Mike Prendergast: 487-9318

2017 Adirondack Youth Wrestling Camp Registration Form

Dear Wrestler and Parent,

This flyer is intended to inform you of our Adirondack Youth Wrestling Camp scheduled for the week of July 17th – July 21st at Hudson Falls High School. Our camp will run each day from 9:00am - 3:00pm.

As you can see, many of our area's most successful high school coaches will be working with our campers. We believe our camp will be a great opportunity for any youth wrestler who wants to improve their skills on the mats.

We have planned each day to include four scheduled sessions on the mats, recreational games, and a period of swimming in the Hudson Falls School pool, as well as lunch. We are only accepting 60 wrestlers for this camp. Total cost for the week is \$125; this includes a Camp T shirt. For each additional family member the cost will be \$75. All wrestlers may secure a spot in our camp by returning the application form below along with a deposit of \$25. Campers must be paid in full on the morning of July 17th.

Registration forms should be mailed to: **Mike Prendergast**
49 Baker Dr.
Gansevoort, NY 12831

Please feel free to contact us if you have any questions.

Matt Miller and Mike Prendergast
Camp Directors

PARTICIPANT INFORMATION

Last Name _____ First Name _____ Date of Birth _____
Address _____ City _____ State _____ Zip Code _____
Phone number _____ E-mail _____

T-Shirt Size: **Youth** Small Medium Large **Adult** Small Medium Large X-Large

PARENT/GUARDIAN INFORMATION

Last Name _____ First Name _____ Phone number _____

Payment

To reserve a spot for the camp a deposit of \$25 is required. The remaining payment must be made by July 17th.

Cost: \$125 Payment Made: \$25 \$125

***Make checks payable to: Hudson Falls Wrestling**

HEALTH INFORMATION

Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them.

If your child does have any medical conditions, please provide information to assist us in providing the best camp experience for your child.