

2017 SUMMER WRESTLING CAMP

CCSD21 Family Learning Program

- Designed for:** Students currently in grades 2nd - 7th
- Description:** This course will give boys and girls the opportunity to wrestle in a fun, relaxing environment. Focus will be on folkstyle fundamentals, drilling and live wrestling. The camp will be instructed by the Cooper, Holmes and London Head Wrestling Coaches. A great course for boys/girls who are planning on wrestling in middle school, or for those looking to try something new. All wrestlers will practice with students near their same age and weight class.
- Equipment:** Dress in athletic shorts and T-shirts. Wrestling shoes or gym shoes with shoelaces preferred. Please bring a water bottle and a clean towel each day (if possible)
NOTE: If you were in our camp last year wear your neon orange camp shirt from last year on day 1
- Location:** Holmes Middle School - Main Gym
221 S. Wolf Road
Wheeling, IL 60090
- There will be NO BUS transportation provided. Parents/guardians must be able to provide transportation to and from the wrestling camp.
- Camp Dates:** June 13 – June 29, 2017 Monday-Thursday 12:30 - 2:30 p.m.
First day is **TUESDAY**, June 13th @ Holmes Middle School
- Fee:** The cost of the camp is \$15 per wrestler. (includes T-shirt)
- Refund policy:** There are no refunds unless the camp is canceled due to not enough registrations.

Please feel free to contact Scott Pollack (Head Wrestling Coach at Holmes Middle School) at 847-736-7391 or via email scott.pollack@ccsd21.org if you have any questions about the camp.

Please fill out the attached form and return to your teacher by May 22, 2017.

CAMPAMENTO DE LUCHA LIBRE - VERANO 2017

CCSD21 PROGRAMA DE APRENDIZAJE PARA LA FAMILIA

Diseñado para: Estudiantes que actualmente están en los grados 2 - 7

Descripción: Este curso está diseñado para dar a los niños/as la oportunidad de practicar la lucha libre en un ambiente divertido y relajante. Se hará un enfocó en los fundamentos de la lucha libre escolar, ejercicios y la lucha libre en vivo. El campamento será instruido por los entrenadores dirigentes de lucha libre de las escuelas Cooper, Holmes y London. Es un curso ideal para los niños/as que están pensando practicar la lucha libre en la escuela intermedia, o para aquellos que buscan probar algo nuevo. Todos los luchadores practicarán con estudiantes en torno a su misma categoría de edad y peso.

Equipamiento: Deben vestir con pantalones cortos (shorts) deportivos y playeras. Preferible si traen zapatos de lucha o zapatos deportivos con agujetas. Por favor, traigan una botella de agua y una toalla limpia a diario (si es posible).

NOTA: Si estuvieron en nuestro campamento el año pasado, use su camiseta de color neón anaranjada del año pasado en el día 1

Ubicación: Escuela Intermedia Holmes - Gimnasio Principal
221 S. Wolf Road
Wheeling, IL 60090

NO se ofrecerá transporte de autobús. Los padres/tutores deben ser responsables de transportar a sus hijos/as al campamento de lucha y de regreso a casa.

Fechas del Campamento: junio 13 – junio 29, 2017 de lunes a jueves, 12:30 - 2:30 p.m.
El primer día es el **MARTES**, 13 de junio @ Holmes Middle School

Cuota: El costo del campamento es de \$15 por luchador. (Camiseta incluida)

Política de reembolsos: No se devolverá el dinero de la cuota a menos que el campamento se cancele debido a que no hay suficientes inscripciones.

¿Dudas o preguntas? Favor de comunicarse con Scott Pollack a 847-736-7391 o scott.pollack@ccsd21.org.

Por favor, llene el formulario adjunto y entréguelo a su maestro antes del 22 de mayo de 2017.

2017 SUMMER WRESTLING CAMP
CCSD21 FAMILY LEARNING PROGRAM
REGISTRATION FORM

Please fill out 1 registration form per wrestler.

Please Print

STUDENT NAME _____

SCHOOL _____ CURRENT GRADE _____

Please Circle One:

Youth Size T-shirt: S M L

Adult Size T-Shirt: S M L XL

DUE: Camp Registration Fee (Includes T-Shirt) TOTAL \$15.00

Please make checks payable to (CCSD 21).

EMERGENCY INFORMATION

Student Name: _____ Current Grade: _____

Current School: _____ Current Teacher: _____

Mother's Name: _____ Cell phone #: _____

Father's Name: _____ Cell phone #: _____

Home phone #: _____ Work phone #: _____

Address (Street): _____ Apt. #: _____

City: _____ Zip Code: _____

Persons to call in an emergency:

1. _____ Phone #: _____

Relationship to Child _____

2. _____ Phone #: _____

Relationship to Child _____

List any special health problems that we should be aware of, such as physical limitations, allergies, etc.

Local Doctor: _____ Phone #: _____

I give my permission to the school and/or the doctor named above to give emergency care to my child if I am not available in an emergency.

Date: _____ Parent's Signature: _____

Return this form to your classroom teacher by May 22, 2017.

SECRETARIES: PLEASE SEND FORMS TO SCOTT POLLACK AT HOLMES MIDDLE SCHOOL.

