

SENTINELS' WORLD CLASS SUMMER CLINIC JUNE 21-25, 2010

SPONSORED BY

E.C.S.

WRESTLING CLUB

FEATURING:

2 Time NCAA Champion

DAMION HAHN

4 Time Olympic Medalist

BRUCE

BAUMGARTNER

2 Time All-American

MIKE ROGERS

3 Time NCAA Champion & 2008 Inductee National Wrestling Hall of Fame

RICKY BONOMO

3 Time EWL & PSAC Champion

ROCKY BONOMO

WORLD CLASS WRESTLING

CLINIC INFORMATION

June 21-25, 2010 • For Ages 5-18

Location:

Campus of Evangelical Christian School
8237 Beacon Boulevard S.E., Ft. Myers, FL 33907
239-936-3319 www.goecs.org

\$275.00 per WRESTLER
\$75.00 NON-REFUNDABLE DEPOSIT

Deposit due June 1, 2010

Deposits after June 1, 2010 and walk-ins, add \$25.00 Late Fee

COACHES: Receive 10% Re-imbursment for teams of 5 wrestlers or more!

Clinic Director: Jeff Malavsky
Head Coach E.C.S.

ALL SESSIONS: Warm-Up 9am - 10am

Instruction 10am - 12pm • Lunch 12pm - 1pm • Instruction 1pm - 4pm

Lunch provided by E.C.S.

If you have any questions or concerns about the location or the clinic itself
please contact Jeff Malavsky at 239-292-9384

METHOD OF PAYMENT

- Check made payable to E.C.S. Wrestling Club
 MasterCard Visa (Circle One)

Card # _____

Expiration Date (month/year) _____

Cardholder Signature _____

I am paying (circle one) Deposit \$75.00 Full Payment \$275.00
Non-Refundable

Transaction confirmed; terms of Cardholder agreement hereby incorporated by reference.

PARENT OR GUARDIAN WILL BE CONTACTED IN CASE OF EMERGENCY

WAIVER AND RELEASE: In consideration of my application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue to me against Evangelical Christian School (E.C.S.) or assigns, for any or all damages which may be sustained or suffered by me in connection with my association with or participation in, and for arising out of my traveling to or returning from said E.C.S. Wrestling Camp to be participated on the campus of E.C.S. In signing this form, I give permission for my child to take part in all camp activities except as specifically listed below. Further, in the event my child becomes ill or is injured while under camp supervision, I authorize camp authorities to take the following steps: (a) contact a parent of child or emergency contact and follow his/her instructions; (b) in the event neither parent or emergency contact can be reached, contact the student's physician and follow his/her instructions; (c) if the student's physician cannot be reached, contact a licensed practicing physician and follow his/her instructions.

Exceptions/Allergies _____

Doctor's Name _____ Phone _____

Parent/Guardian Signature _____

Date _____

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