Bloomington Junior High School 2023 Wrestling Camp

This camp will give each boy and girl entering the 6th, 7th and 8th grade the opportunity to learn wrestling training practices. The camp is for the beginner, intermediate and advanced wrestlers. No experience is necessary. The goal of the camp is for each camper to achieve success and experience the uniqueness of the sport of wrestling. Attendance at the camp is not necessary to be a part of the team. It just gives kids a chance to see what it is all about prior to committing to an entire season.

of the team. It just gives kids a chance to see what it is all about prior to committing to an entire season. When: Monday, November 13 - Friday, November 17 from 6:00 pm - 7:30 pm Saturday, November 18 - FundraisingTakedown tournament from 9:00 am to 11:00 am Pizza Party from 11:00-12:00. Where: Bloomington Junior High School wrestling room Who to contact with questions: Denny Herald, BJHS Head Wrestling Coach, Ph; 309-821-0313 (call or text) Email: loydherald1@comcast.net Bryan Wolfe Assistant Wrestling Coach, Ph. 309-287-8123 (call or text) Email: Wolfeb@district87.org Form and Money due by: Friday, November 3, 2023 Detach this section, make \$30 check payable to BJHS Wrestling, (Cash is accepted if necessary) and Return to Coach Wolfe at BJHS. You may also mail to BJHS. Attn: Denny Herald, 901 N. Colton Avenue, Bloomington, IL 61701 Camp cost: \$30.00 Camper name (please print): _____ City: _____ Address:____ Explain any current or recurring medical conditions: T-shirt size: Circle one: YM YL AS AM AL AXL AXXL Doctor Name & Phone #: ______Hospital Choice: ______ Parent/Guardian Name: ______ Home Phone #: ____ Cell Phone # Parent/Guardian Email address: If we need to contact someone during the camp session, is there another person we should contact in case we can't get in touch with the parent/guardian listed above? Relationship: Phone #: Name:

As the parent/guardian of the above named camper, I grant permission for my child to receive medical treatment from a physician, nurse, or other professional personnel, which may be needed, in my absence due to injuries sustained while participating in this camp.

Parent/Guardian signature:	Date: