



JULY 20TH—JULY 23RD

GRADES 1ST - 9TH

6:00PM – 8:30PM

\$30.00

*REGISTER BY JULY 1ST
FOR CAMP T-SHIRT*

*CAMP HELD AT DE LA SALLE
COLLEGIATE HIGH SCHOOL*

<http://sports.delasallehs.com>

DE LA SALLE COLLEGIATE
WRESTLING OFFICE
14600 COMMON ROAD
WARREN, MI 48088

Registration Form

Name: _____ School and/or Club Team _____
Address: _____ City: _____ Zip: _____
Home Phone: _____ Emergency Contact: _____ Emergency Phone: _____
Grade (Fall '09) : _____ T-Shirt Size (circle one): YM YL S M L XL
Wrestling Experience: _____

Camp Fee: \$30.00 Checks payable to Dennis Parks

Please feel free to duplicate this brochure.

CAMP INFORMATION

PRE-REGISTER BY JULY 1ST AND RECEIVE A ST. ANNE EAGLE WRESTLING CAMP T-SHIRT. CAMPERS SHOULD DRESS FOR ACTIVITIES ON THE WRESTLING MAT (GYM SHORTS, T-SHIRTS & GYM SHOES). WRESTLING SHOES ARE RECOMMENDED BUT NOT REQUIRED. WALK UPS WELCOME FOR ADDITIONAL \$10. MAIL REGISTRATION TO: DE LA SALLE COLLEGIATE WRESTLING OFFICE

Wrestling Camp Location

Schoenherr	12 Mile Road	Hayes
	De La Salle Collegiate High School	
	Common Road	
N	13 Mile Road	

DEAR STUDENT ATHLETE,

IT IS MY PLEASURE TO INVITE YOU TO THE ST. ANNE EAGLE WRESTLING CAMP AT DE LA SALLE COLLEGIATE. OUR CAMP IS DESIGNED TO INTRODUCE THE SPORT OF WRESTLING TO THOSE WHO HAVE NEVER SEEN A WRESTLING MATCH AS WELL AS TO THOSE WHO HAVE YEARS OF CLUB EXPERIENCE.

DE LA SALLE AND ST. ANNE'S COACHING STAFF ALONG WITH LOCAL CLUB COACHES, AND DE LA SALLE VARSITY WRESTLERS WILL WORK WITH YOU. OUR COACHES ARE EXPERIENCED, KNOWLEDGEABLE, AND ABOVE ALL, CONCERNED PEOPLE. WE MAINTAIN A LOW ATHLETE/COACH RATIO TO ENSURE THAT EACH CAMPER RECEIVES INDIVIDUALIZED ATTENTION. FOLLOWING THE FIRST INSTRUCTIONAL SESSION, THE WRESTLERS WILL BE DIVIDED INTO TWO DIFFERENT SKILL LEVELS. THIS WILL ENABLE EACH WRESTLER TO GET THE MOST OUT OF EACH SESSION.

WE HOPE YOU AND YOUR FRIENDS CAN JOIN US THIS SUMMER FOR A MOST ENJOYABLE AND REWARDING EXPERIENCE.

DENNIS PARKS
 VARSITY WRESTLING COACH
 DPARKS@DELASALLEHS.COM
 (586) 778-2207 DE LA SALLE

Parental Approval Form

Parent/Guardian Name(s): _____ E-mail* _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Is the participant under any special treatment or medication? _____ Explain. _____

Is the participant physically able to take part in the St. Anne Wrestling Camp? _____

My son has permission to attend the St. Anne Wrestling Camp. In event of an injury, I give permission for a designated doctor or trainer to render emergency treatment. St. Anne Wrestling Camp will not be held responsible for injuries that may occur through normal play.

Signature of Parent/Guardian _____

Health Care Provider _____ Health Care Card Number _____

*A confirmation letter with information pertaining to the week will be sent via e-mail. An e-mail address is mandatory and will be used as a means of communication regarding Camp.