



REGISTER HERE

SUMMER 2023

MIDDLESEX JR. WRESTLING CAMP

**MONDAY-THURSDAY
JUNE 19- 22**

9:00AM-12PM

STAFF- The camp staff will consist of members of the MHS High School wrestling coaching staff, alumni, and current wrestling team.



**Middlesex HS Wrestling Room
(SUBJECT TO CHANGE)**

300 John F. Kennedy Dr., Middlesex NJ 08846

REGISTRATION PROCESS:

- \$120 (INCLUDES CAMP T-SHIRT)
- FAMILY DISCOUNT (\$75 FOR EACH SIBLING)
- PLEASE REGISTER BY JUNE 15 (IF POSSIBLE)

**ANY QUESTIONS, PLEASE CONTACT
COACH BOYD:**

rboyd2323yahoo.com or (908) 229-1545

CAMP PHILOSOPHY

This camp is designed for wrestlers regardless of age or experience level (Grades 3-8 are preferred, but exceptions will be made to youth wrestlers with 1-2 years of experience). Campers will be taught wrestling skills/drills in all three positions (neutral, top, bottom), that are directly from the Middlesex Wrestling system. Our goal is to build on basic middle, high school, and college-level technique, develop fundamental skills, and gain live wrestling experience/matches.

The live wrestling portions of each session will also include competitions and matches to give our staff a better opportunity to examine and evaluate each individual's performance in a competitive situation. We will also have the opportunity for fun and games as our goal is to provide a safe and fun learning environment in order to provide the best experience for our campers.

CC, CASH or CHECK – PAYABLE TO MIDDLESEX REC. DEPT.

CREATE FAMILY ACCOUNT VIA MYREC

MyRec: <https://middlesexnj.myrec.com/info/default.aspx>

DROP-OFF: 1400 Mountain Ave, Middlesex, NJ 08846

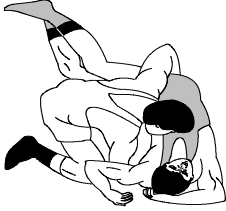
CONTACT: recreation@middlesexboro-nj.gov or 732 356 7400 x277

2023 MIDDLESEX JR WRESTLING CAMP

Middlesex HS Wrestling Coach Ryan Boyd is running a wrestling camp along with other members of the MHS wrestling coaching staff, alumni, and current MHS wrestlers. Participants in grades 3-8 are preferred, but exceptions will be made to youth wrestlers with 1-2 years of experience. Registration fee is \$120 per participant (family discount is available for siblings, \$75 for each sibling). The camp will be held from June 19-22 in the Middlesex High School wrestling room from 9am-12pm. Refunds are prorated at the discretion of the Recreation Department. All refunds are subject to a 10% admin fee. Please fill out one form per child.

This camp is designed for wrestlers to learn different skills/drills in all three positions (neutral, top, bottom), that are directly from the Middlesex Wrestling system. Our goal is to build on basic middle, high school, and college-level technique, fundamental skills, and gain live wrestling experience/matches.

DO NOT WRITE IN BOX (for office use only)



\$120 Resident Fee _____
Receipt # _____
Date Rcv'd _____



DEADLINE TO REGISTER IS JUNE 5, 2023

NAME (print CLEARLY) _____ GRADE _____ BOY _____ GIRL _____

ADDRESS _____ CONTACT TELEPHONE () _____ - _____

BIRTHDATE ____/____/____ (circle) T SHIRT SIZE: YS YM YL AS AM AL AXL

EMERGENCY TREATMENT RELEASE

Dates during which release is granted – FROM: June 19, 2023 TO June 22, 2023

TO WHOM IT MAY CONCERN: As a parent and/or guardian of _____, a minor, I herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Parent(s)/Guardian Info:

Parent Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Parent Name _____ address (if different than above) _____ Ph # _____ Cell # _____

Contact e-mail _____

Other contact in case of emergency (DO NOT USE YOURSELF): Name _____

Phone _____ H / W / C Relationship to child _____ Hospital Preference _____

Specific medical allergies, chronic illness or other medical conditions the staff should be aware of: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. I confirm that my child is up to date on all immunizations as required by the NJ Dept. of Health and Senior Services Annual Immunizations Report. I also agree that all the information provided is correct and factual. If information is found to be false, I understand that my child will be expelled from the program without reimbursement of fees paid. I also have received the spectator guidelines. I also grant Middlesex Recreation the right to use photographs/videos of my child for promotional purposes of recreational activities on their social media account and website.

Parent/Guardian Signature _____ Date: _____