

Southeast Wrestling Camp

SPONSORED BY SOUTHEAST RECREATION

This camp will focus on a variety of moves from neutral, top, and bottom with all athletes receiving one-to-one instruction. The camp will take place in a small group setting, lead by staff, to maximize learning. Partners will remain the same all week and pairings will be socially distanced. Tom Looby is the head wrestling coach and a special education teacher at BHS. There will be Brewster wrestlers and alumni working at the camp.

DIRECTOR: Tom Looby, BHS Wrestling Coach
DATES: June 28, 29, 30, July 1
TIME: 9:00 am to 12:00 pm
LOCATION: BHS Wrestling Room
GRADES: Boys entering 1st thru 8th
FEE: \$65
(Payable to Town of Southeast)



ACTIVITIES REGISTRATION FORM

PROGRAM: _____ GRADE: _____

NAME: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: (HOME) _____ (WORK) _____ (CELL) _____

EMERGENCY CONTACT: _____ PHONE: _____

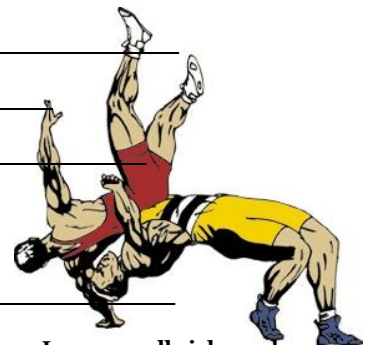
FEE (non-refundable) : CREDIT CARD: _____ CHECK: _____ CASH: _____

CREDIT CARD INFO (No Amex): Number" _____

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

Expiration date: _____ Security Code: _____

E-MAIL ADDRESS: _____



_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Mail or drop off at: Town of Southeast Recreation Department
1 Main Street / Brewster, NY 10509 / phone: (845)279-3915 / Fax (845) 279-3137
E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov

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