

2017 STATE CHAMP CAMP

Florida City Youth Activity Center
650 NW 5 Ave.
Florida City, FL 33034



Doors open @ 8am & Pick-ups promptly @ 3:30pm

9AM – 3:30PM (Subject to change)
9 – 11:00am Technique & Intensive Drilling
11:00 – 12:00 Live Wrestling
12:00 – 1pm Lunch
1 – 2:30pm Technique & Intensive Drilling
2:30 – 3:30 pm Live wrestling & Cardio Training

July 28th – July 30th Friday, Saturday, Sunday

Camp Fee: \$150 (3 Days of Intensive Training)

Camp Fee: \$100 (2 Days of Intensive Training)

Grades: 2nd – High school “Must have 2 years of experience, NO Beginners”

Humberto “Coach Duck” Reyna Jr

Head Camp Instructor / 305-322-2863

gladiatorournaments@gmail.com / www.gladiatorwins.com

Camp Registration Information

Wrestlers Name _____ Parent/Guardian _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Wrestlers DOB: _____ Email: _____
Age _____ Club Team/School _____ Optional Emergency Contact _____

Liability Release:

I, the undersigned, individually and as a parent/guardian of _____ (**Camper**) a minor, ask that he/she be permitted to participate in the Gladiator State Champ Camp/Clinic. I do hereby release, discharge and hold harmless the Gladiator Wrestling Club, its owners, agents, coaches, assistants, volunteers and employees from all claims cause of action, liabilities, damages, and demands of any kinds whatsoever, relating to or arising out of any injury or accident of any kind, regardless of fault, involving the Camper and resulting from or arising out of the Camper’s attendance or participation at the camp, or activities relating to the camp. All pictures and/or videos taken during the Gladiator State Champ Camp or in connection with the camp are sole property of Gladiator Wrestling and may be used in any and all formats, including but not limited to, websites, print documents, and promotional materials. Pictures and/or videos taken during the Gladiator State Champ Camp may not be reproduced and/or transmitted in any form without the express written consent of Gladiator wrestling. **Personal Health Insurance is required and the responsibility of each child’s parent or guardian.**

Parent/Guardian Signature _____ Relationship to Camper _____

Date _____ Name of Insurance _____

*****Please complete the camp application and mail back with your deposit of \$75.00 or Full payment.*****

Deposit is Non-Refundable

Please make Check payable to: **Gladiator Wrestling**

Mail payment to: 16365 SW 303rd Street

Homestead, FL 33033