

**The Hopewell Township Parks & Recreation  
Department is sponsoring a....**

## **3-Day Wrestling Camp**

Experience the sport of wrestling! Whether it's your first time on the mat or you are looking for a summer tune-up of your wrestling skills, this camp has something for every level wrestler. The HTPRD is sponsoring a 3-day wrestling camp led by CHS wrestling coaches:

**Mario Harpel** – CHS Varsity Wrestling Coach, 3-time Coach of the Year, 2-time Mercer County & Patriot Division Champions

**Gary Colton** – CHS Asst. Wrestling Coach, Varsity Wrestler Drexel University

**Joel Resnick** – CHS Asst. Wrestling Coach, Varsity Wrestler Roger Williams University

**Dave Bello** – CHS Asst. Wrestling Coach, Varsity Wrestler Kean University

**Jim Stewart** – Timberlane MS Wrestling Coach, Varsity Wrestler Rider University

**Eric Guise** – CHS Asst. Wrestling Coach, Varsity Wrestler Elizabethtown College

**Grades: K - 8**

**When: August 9 - 10 - 11  
9am to 12noon**

**Where: HV Central HS Gym**

**Cost: \$95 per wrestler**



This camp will include instruction of wrestling technique, conditioning, live wrestling and drilling wrestling moves. Instruction will focus on offensive and defensive takedowns, pinning moves and top position, and bottom position and escapes. This camp will provide an opportunity for all levels of wrestlers (inexperienced & experienced) to learn new skills and improve technique. Participants will need to wear appropriate gym clothes. If you have head gear and wrestling shoes bring them. Also bring your own drink.

**Deadline to register is Friday, July 30<sup>th</sup>.**



**Registration forms available  
on the HTPRD website at  
[www.hopewelltpw.org](http://www.hopewelltpw.org) or call  
737-3753.**



**HOPEWELL TOWNSHIP PARKS AND RECREATION DEPARTMENT**  
**BULLDOG WRESTLING 3-DAY CAMP**  
**REGISTRATION FORM – 2010**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Grades K to 8**

**Monday, Aug. 9 to Wednesday, Aug. 11, 2010**

**9:00am to 12:00pm each day**

**\$95 per child**

Shirt Size: Youth Sm 6-8 \_\_\_\_\_ Y Med. 10-12 \_\_\_\_\_ Y Large 14-16 \_\_\_\_\_  
Adult Small \_\_\_\_\_ Adult Med. \_\_\_\_\_ Adult Large \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attended \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip Code

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name/not parent: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the Bulldog Wrestling Camp program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make checks payable and send to: HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.**

**201 Washington Crossing-Pennington Road**  
**Titusville, NJ 08560**  
**Phone # (609) 737-3753**

