



JULY 7<sup>th</sup> & 8<sup>th</sup> – 8:45 am - 3:30 pm

**Registration Fees**

**\$100.00 (per wrestler for 2 days) \$75.00 (per wrestler for 1 day on 7/7)**

***LIMITED SPOTS AVAILABLE – Mail Today!***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Seasons Wrestled \_\_\_\_\_ Approximate Weight \_\_\_\_\_

School \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

**Medical**

Allergies \_\_\_\_\_ Medications needed \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please list accomplishments so we can group your child according to skill level.

In case of injury or illness I request that the Sparta Pride Club coaches and guest clinicians contact me. If I cannot be reached, I authorize the coaches and clinicians to call the above named emergency contacts or physician for treatment. If the above are unavailable, I authorize the coaches and clinicians to seek treatment and this document will serve as permission for authorized medical personnel to treat my child. I hereby hold harmless Sparta Pride, it's coaches, board members, clinicians and all those affiliated with Sparta Pride LLC from and against all loses, claims, damages, penalties relating to claims arising from the participation in the Sparta Pride program and Camp of Champs Series.

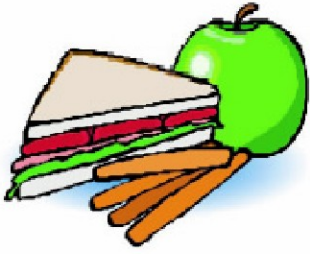
I hereby give permission to allow a recognizable image of my child, still or video, in a newspaper, news broadcast or Sparta Pride Internet web page or advertising material in connection with an event, award, or activity at a Sparta Pride event. I understand that their name, hometown and state can be attached to said image at the time of publication. I understand that this event is subject to change.

Parent/Guardian Signature \_\_\_\_\_

Email Address \_\_\_\_\_

**Mail Checks Payable To: Sparta Pride LLC. – PO Box 621 – Sparta – NJ – 07871** \*One form required per participant.

# Lunch Order Form



Select lunch of choice by listing quantity.

All subs come plain.

There will be free Mayo and Mustard packets available.

Sparta Pride Camp of Champs is not responsible for any food allergies a person may have. Before ordering, please make sure you and your child can consume the lunch choices provided by Sparta Pride.

Qty \_\_\_\_ Subway 6" Sub Turkey/Lettuce/Swiss, Nature Valley Granola Bar, Water or Gatorade \$6.50

Qty \_\_\_\_ Subway 6" Sub Chicken Breast/Lettuce, Nature Valley Granola Bar, Water or Gatorade \$6.50

**Please make sure all garbage is placed into the appropriate garbage cans provided by Sparta Pride. Thank You!**

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## Private Training Sessions

**For the experienced wrestler.  
July 7th from 3:30 pm – 5:00 pm.**

(Limited Space Available)

[ ] **W.A.R.** High Intensity Private Training Session with Dan Vallimont and Clinicians.

\$35 Grades 3-6 (At least 3 years of experience)

[ ] **P.I.T.** High Intensity Private Training Session with Cary Kolat and Clinicians.

\$50 Grades 7-12 (Very experienced wrestlers)

\* Must be enrolled in 2 day clinic  
and this is in addition to the two date clinic rate.