

Gilbert Community Services Department

22nd ANNUAL HOLIDAY WRESTLING CAMP

WHAT: Wrestling camp for beginners and experienced wrestlers 5 years of age - 8th grade. Sponsored by the Gilbert Community Services Department and conducted by Highland High School Varsity Wrestling Coach, Abel Figueroa.

FORMAT: Three days of instruction. Fourth day is match day. Participants are grouped by age and weight.

WHEN: Tuesday, Dec. 27 - Friday, Dec. 30, 2011

WHERE: Highland High School Mini Gym, 4301 E. Guadalupe Rd.



TIME: Enter class code number on registration form
 #65145 = 9am - 9:45am; 5-6 years (K - 1st grade- must be 5 years old)
 #65146 = 9:55am - 10:45am; 6-8 years (in 2nd - 3rd grade)
 #65147 = 10:55am - 11:55am; 8-11 years (in 4th - 5th grade)
 #65148 = 12pm - 1:15pm; 11-14 years (in 6th - 8th grade)
 Note: 14 year olds must still be in junior high in order to be a camp participant.

Refund / Credit Policy
 Full refund or credit through Dec. 27, 2011
 No refunds or credits after Dec. 27, 2011
 Refund checks require 2-3 weeks processing time
 Questions???
 Please call 480-503-6200

COST: \$41 - includes a camp t-shirt!

AWARDS: Everyone is a winner! 1st and 2nd place ribbons will be awarded on "Match Day" along with the Braiden Rainey Spartsmanship Award.

REGISTRATION: On-line registration is available at www.GilbertRecreation.com. For touch-tone telephone registration, call 503-6225 to register with a credit card (call 503-6200 to set up a new account). If you register through the touch-tone system, please call the office at 503-6200 with a t-shirt size for your child. Or if you prefer, you may mail this registration form with payment to Gilbert Community Services, 90 E. Civic Center Dr., Gilbert, AZ 85296. The Town of Gilbert is not responsible for lost or misdirected mail. Walk-in registration is also being accepted at the Community Services office, Monday-Thursday from 7am-6pm. Registration is open until all spots are filled.



GILBERT COMMUNITY SERVICES DEPARTMENT - HOLIDAY WRESTLING CAMP REGISTRATION FORM ONE PERSON PER FORM

Participant's Name: _____ Male Female Birth Date: _____ Grade: _____
 Address: _____ City: _____ Zip: _____
 Home #: _____ Work #: _____ Cell #: _____ E-mail: _____
 Parent / Guardian: _____ Emergency Contact: _____

Class Code	Program	Location	Dates	Time	Fee
	Holiday Wrestling Camp	Highland High School Mini Gym	Dec. 27-30, 2011		\$41

PARTICIPANT RESIDENCY <input type="checkbox"/> GILBERT RESIDENT NON-RESIDENT <input type="checkbox"/> COUNTY ISLAND <input type="checkbox"/> OTHER	CREDIT CARD PAYMENT <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Credit Card # _____ Expiration Date: _____ Name on Card: _____ I agree to the terms and conditions of this agreement and waive all rights to charge back my amount on my card. Authorized Signature: _____	FOR OFFICE USE ONLY Date Received: _____ Staff: _____ Check #: _____ \$ _____ Cash #: _____ Prev Credit \$: _____ Credit Card \$: _____ Refund / Credit Acct. / Credit Card: _____ Date Issued: _____ By: _____
	T-SHIRT SIZE: <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult X-Large <input type="checkbox"/> Adult XX-Large	

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS AND NOTICE
 I allow my child, and/or myself, to participate in this program/activity. We release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter have as a result of participating in recreational programs/activities, using recreational facilities, or being transported to events as part of this program. I understand that the Town of Gilbert has no medical insurance for this program/activity. I understand there are risks involved with strenuous physical exertion as part of this program/activity, including serious injury. I certify that my child's and/or my own physical condition is satisfactory to participate in physically demanding programs/activities. I am at least 18 years of age. I also give my permission for any photos/video taken of participants to be used by the Town of Gilbert. I verify that all information provided is correct, and agree that the Town of Gilbert may require proof. I understand that providing incorrect information including but not limited to participant date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

Signature: _____ Date: _____

The Town of Gilbert Community Services Department does not discriminate on the basis of race, religion, handicap, sex, national origin, or color in its activities or programs.
 I am considered to be handicapped/disabled:
PLEASE MAKE CHECKS PAYABLE TO:
 Town of Gilbert
 Mail to: Gilbert Community Services Dept.
 90 East Civic Center Drive
 Gilbert, AZ 85296

REGISTRATION CANNOT BE PROCESSED WITHOUT A PARENT / GUARDIAN SIGNATURE