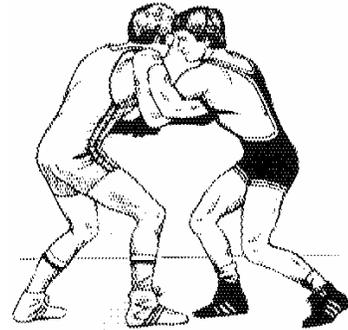


# Holiday Wrestling Clinic 2007

## For Grades 1-8

\* Clinic is structured to teach all participants the basics of wrestling as well as expose them to some actual competition. Instructions will be under the direction of **Dave Vibber Varsity Coach of Corona Del Sol H.S.**

**Tuesday - Friday**  
 January 2nd – 5<sup>th</sup>, 2007  
**Location**  
 Corona del Sol, 1001 E. Knox Rd  
**Daily Times**  
 WRESTLING ROOM 9:00-10:30a



Registration will be taken at the door, however, class may cancel if not enough pre-registration is taken.

### Registration

1. Use the form below and mail, bring or fax to the Parks and Recreation Office, 3500 S. Rural RD, Tempe, 85282.
2. Fee: \$35 per week – includes a T-Shirt . Only one shirt per camper.
3. Cash, Check (payable to "City of Tempe") or VISA/MC/DISC/AX \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp: \_\_\_\_\_
4. Report to the site at 9:00a, on Tuesday, January 2<sup>nd</sup>, 2007
5. If you have any questions contact Bobbi Jones at 480-350-5267 or Keyon Cornejo at 480-350-5219.  
 FAX registration to: 480-350-5278.

**Holiday Wrestling Clinic 2007 - Registration Form**

PARTICIPANTS NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

(Indicate age group)     Grades 1-3    9:00pm – 10:30am    **ACTIVITY BAR CODE: 5141**  
                                    Grades 4-6    9:00am – 10:30am    **ACTIVITY BAR CODE: 5141**  
                                    Grades 7-8    9:00am – 10:30am    **ACTIVITY BAR CODE: 5141**

**FEE: \$35.00**

**Waiver of Liability:** With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will. I will require the following accommodation to participate: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date