

PCWC



- Stage for high school
- Develop a passion for wrestling
- Promote the sport of wrestling within our community

Registration opens June 1st for the 2019 Summer Skills Camp

PCWC Registration – online at: www.pcwrestlingclub.com

Monday July 8th – Thursday July 11th 6-8 PM
@ Livonia Churchill HS

Registration Fee: \$65

Recommended for elementary and middle school Wrestlers with 1+ years experience. Wrestlers with no prior experience should consider our beginner camp in late June, see website for details.

PCWC coaches will be present as well as PCCS & Livonia HS coaches. High School wrestlers from PCCS and the Livonia district will be there to assist as well. Overall we will have a coach for every 2-4 camp wrestlers

“Champions are made during the off-season.”

“Today I will do what others won’t, so tomorrow I can accomplish what others can’t.”

For more information:

Kurt Knop - 734.560.0207

www.pcwrestlingclub.com

Facebook: Plymouth Canton Wrestling Club

PCWC

Registration Form

Wrestler Name (s): _____

Wrestler Shirt Size* (YS-YL or S-XXL): _____

*Free camp T-shirt if registered by July 1st

Parent Name(s): _____

Address: _____

Parent Cell# _____

Parent email _____

Payment: 1 Wrestler 2 Wrestlers Family
\$65 \$130 \$150

Register online at pcwrestlingclub.com or mail check Payable to PCWC:

Mail to: Kurt Knop

5645 Wedgewood, Canton MI 48187

Liability Agreement

I hereby and herein authorize the Director of the PCWC Camp, or any staff working on the camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and wave all liability for any injuries and illness incurred while at the camp, in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my child or ward is in good physical condition, had no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the wrestling camp. I also represent that my child or ward has received a physical within the last year and is medically competent to participate in the activities at the camp. Lastly, by my signature hereunder, I have read and fully understand the above liability agreement.

Signature of Parent or Guardian:
