

Dickinson State University

Wheatland, WY Satellite Wrestling Camp

Check In: June 14 1pm-2pm

Check Out: June 15 Noon-1pm

Age Limits: 4 yrs. – High school

Costs : 50\$ (covers whole camp)

General Info: The camp will cover two days with 4 sessions. Day one's sessions are 2pm-4pm and then 5pm-7pm on June 14th. Day two sessions are 7am-9am then 10am-Noon on June 15th. Campers will need to bring workout gear, wrestling shoes, and headgear (optional). This Camp is a commuter camp.

Payson Dirk:

From Sturgis , SD

5x State qualifier

2x State Placer

1x Finalist

2 year varsity member at

Trey Fischbach:

4x All Conference (14-17)

4x State Placer (14-17)

State Champion 2015

2x Ron Thon placer 2014,
2017



Registration Form:

Name _____

Home Phone _____

Address _____

City _____

State _____ Zip _____

High School _____

Grade Entering 2019 _____

Weight _____ Camp Wt. Class

Birth Date ____ / ____ / ____ Shirt Size S M L XL
XXL

Father's Name _____

Work Phone _____

Mother's Name _____

Work Phone _____

Camp Info: Wheatland Head Coach Colt Goff

307-299-7477 | colt.goff@platte1.org

****In order for campers to participate in camp activities, a parent or legal guardian must sign this release and medical authorization.**

In consideration of the DSU Wheatland Satellite camp granting the camper to participate in the camp, I hereby assume all risks of his/her personal injury that may result from the camp activities. As parent/guardian, I do hereby release the DSU camp, all staff and volunteers, Platte County School District #1, and all agents, all instructors, and all participants in said camp program from liability, including claims and suits at law or inequity, for injury which may result from the student taking part in camp activities.

Parent or Legal Guardian Signature

Date _____

Athlete Signature _____

Date _____

****I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other changes in connection with camper's attendance in this camp.**

Insurance Provider _____

Policy/Group ID# _____

Current/Past Injuries we need to be aware of

****Emergency Contact information**

Name _____

Relationship _____

Phone Number _____