



JUNE 21 - 22



Additional Top Level Clinician will be Added based on camp numbers

*NCAA All-American at
Oklahoma State
Big XII Champion
FILA National Champion
FILA World Team Placer
Former Associate Head Coach at
The Citadel
D1 College Coach (14 years)
2 X FL State champion
2 X FL outstanding wrestler
(all divisions)
State Champion Head Coach at
Woodward Academy
Head Coach 2017 Schoolboy
Greco-Roman Duals
Champion/Freestyle Runner-Up
Team*

Camp is Open to High School, Middle School and Youth Wrestlers!

- \$115 Gold Camp** - Youth, High School & Middle School (All Sessions)
- \$50 Panther Youth Gold Camp** (Older Youth - Sessions 1 and 2 Day One)
- \$30 Panther Youth Camp** (Younger Youth - Session 1 Only Day One)

All Sessions Held at Huntsville High School

Please make checks payable to:
HHS WRESTLING BOOSTER CLUB.

JEFF RAGAN CAMP **June 21 – 22, 2019**

Daily Schedule

8:30 a.m. – Check-in Starts

12-2pm - Session Two

9:00-11 a.m. – Session One

2:30-4:30 pm – Session Three

11-12 Noon – Lunch **ON YOUR OWN**

(2nd day ends at 4pm)

Registration Available Online at www.HuntsvilleWrestling.com

Wrestler's Name: _____ Gold Camp Panther Gold Panther Youth School: _____

Parent(s) Names: _____ Age: Grade (Next year): _____

Parent #: (_____) _____ - _____ Weight (estimate): _____

Emergency #: (_____) _____ - _____ Email Address: (for confirmation of registration) _____

Waiver and Release:



*Parent or guardian will be contacted in case of emergency.

My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Huntsville High Wrestling and Champion Wrestling Camp Staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release the Huntsville High Wrestling staff, Jeff Ragan and the Champion Wrestling Camps staff and Huntsville City Schools system from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is accurate.

By completing this registration you acknowledge and agree to this medical waiver..

Signed: _____ Date: ____/____/____

Relationship: _____ Family Insurance Co. _____

Group # ID #: _____ Subscriber Name: _____

Refunds: Full Refunds must be requested by June 19th. No refunds will be given after the camp has started (unless extreme circumstance).

Please Mail Registration / Waiver and Check to below Address OR Drop Off at
Huntsville High School - Wrestling
ATTN: Patrick Harris
2304 Billie Watkins St SW, Huntsville, AL 35801