



# The Warrior Way Wrestling Camp

**Dates:** Monday-Friday June 24-28, 2024 at WC Henderson High School

**Time:** 9am – 3pm

**Ages:** 1-8<sup>th</sup> grade. **Cost:** \$175.00 per wrestler

**What to bring:** Workout attire, wrestling shoes, water, and lunch

**Mission Statement:** Learn the WAY to achieve success today and become a champion tomorrow by building strong fundamentals and fine-tuning skills for success at the next level.

**Featuring:** Coaches and staff from West Chester Henderson HS and Guest Clinicians

## All proceeds benefit the WCH Wrestling Team

**Payment can be made:** via **Venmo** @Henderson-Wrestling or by Check made payable to Henderson Wrestling Boosters.

**Mail checks to:** Jamie Wildermuth 212 Colwyn Terrace, WC, PA 19380.

**Send Registration:** via email to [joegartland5@gmail.com](mailto:joegartland5@gmail.com) or mail to 212 Colwyn Ter WC PA 19380

**Any questions:** email Coach Joe Gartland [joegartland5@gmail.com](mailto:joegartland5@gmail.com)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Address: \_\_\_\_\_ Parents

Cell #: \_\_\_\_\_ Experience Level: Beginner/Medium/Advanced

Please list any medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disclaimer: In consideration of the furtherance of your purpose, objective and work, and in consideration of your permitting me to participate in your "HHS Wrestling Clinic" on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the school district through which the event will take place, as well as any other person connected with the event, their heirs, executors, administrators, successors and assigns for any and all injuries which I may suffer while taking part in the event or as a result thereof.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

"The West Chester Area School District does not sponsor or sanction this program/activity/event"