

Gilbert Parks & Recreation Department

27th ANNUAL HOLIDAY WRESTLING CAMP

WHAT: Wrestling camp for beginners and experienced wrestlers 5 years of age - 8th grade. Sponsored by the Gilbert Parks & Recreation Department and conducted by Campo Verde High School Varsity Wrestling Coach, Chris Bishop.

FORMAT: Three days of instruction. Fourth day is match day. Participants are grouped by age and weight.

WHEN: Tuesday, December 27, 2016 - Friday, December 30, 2016

WHERE: Campo Verde High School Mini Gym, 3870 S. Quartz St.

TIME: Enter class code number on registration form

#91008 = 9am - 9:45am; 5-6 years (K - 1st grade- must be 5 years old)

#91009 = 9:55am - 10:45am; 6-8 years (in 2nd - 3rd grade)

#91010 = 10:55am - 11:55am; 8-12 years (in 4th - 6th grade)

#91011 = 12pm - 1:15pm; 12-14 years (in 7th - 8th grade)

Note: 14 year olds must still be in junior high in order to be a camp participant.

COST: \$41 - includes a camp t-shirt!

AWARDS: Everyone is a winner! 1st and 2nd place ribbons will be awarded on "Match Day" along with the Braiden Rainey Sportsmanship Award.

REGISTRATION: On-line registration is available at www.GilbertRecreation.com. Call 503-6200 to set up a new account. If you prefer, you may mail this registration form with payment to Gilbert Parks & Recreation, 90 E. Civic Center Dr., Gilbert, AZ 85296. The Town of Gilbert is not responsible for lost or misdirected mail. Walk-in registration is also being accepted at the Gilbert Parks & Recreation office, Monday-Thursday from 7am-6pm. Registration is open until all spots are filled.



Refund / Credit Policy

Full refund or credit through Dec. 27, 2016

No refunds or credits after Dec. 27, 2016

Refund checks require 2-3 weeks processing time

Questions???
Please call 480-503-6200

GILBERT PARKS & RECREATION DEPARTMENT - HOLIDAY WRESTLING CAMP REGISTRATION FORM ONE PERSON PER FORM

Participant's Name: _____ Male Female Birth Date: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

Parent / Guardian: _____ Emergency Contact: _____

Class Code	Program	Location	Dates	Time	Fee
	Holiday Wrestling Camp	Campo Verde High School Mini Gym	12/27 - 12/30		\$41

PARTICIPANT RESIDENCY

GILBERT RESIDENT

NON-RESIDENT

COUNTY ISLAND

OTHER

CREDIT CARD PAYMENT

AMEX

Master Card

Visa

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

I agree to the terms and conditions of this agreement and waive all rights to charge back my amount on my card.

Authorized Signature: _____

FOR OFFICE USE ONLY

Date Received: _____ Staff: _____

Check #: _____ \$ _____ Cash \$: _____

Prev Credit \$: _____ Credit Card \$: _____

Refund / Credit Acct. / Credit Card: _____

Date Issued: _____ By: _____

T-SHIRT SIZE: Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large Adult XX-Large

ASSUMPTION OF RISK AND RELEASE OF ALL CLAIMS AND NOTICE

I allow my child and myself to participate in Gilbert Parks and Recreation programs and activities, including transportation provided, and to use Gilbert recreation facilities including but not limited to any climbing wall or equipment on site. I release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the Town of Gilbert has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I give my consent to the Town of Gilbert to take photos/video of my child and me to be used by the Town of Gilbert for program promotion. I am at least 18 years of age, and verify that all the information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs. I further understand that should I cancel my participation I may be entitled to a refund of the class or program fee, or if I do nothing I can receive a credit for a period of one year from the first date of the class or program for which one originally registered. Such credit may be used for any Gilbert Parks and Recreation Department class, program or rental. Should I not use this credit within one year, I consent to the donation of my credit to the Town of Gilbert Parks and Recreation Department.

The Town of Gilbert parks and Recreation Department does not discriminate on the basis of race, religion, handicap, sex, national origin, or color in its activities or programs.
I am considered to be handicapped/disabled: _____

PLEASE MAKE CHECKS PAYABLE TO:

Town of Gilbert
Mail to: Gilbert Parks & Recreation Dept.
90 East Civic Center Drive
Gilbert, AZ 85296

Signature: _____ Date: _____

REGISTRATION CANNOT BE PROCESSED WITHOUT A PARENT / GUARDIAN SIGNATURE