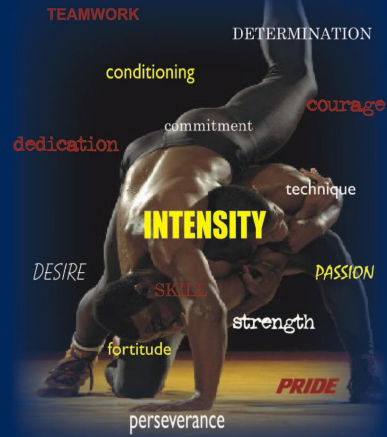


ALL STAR WRESTLING

presents...

JOURNEY WRESTLING

In Memory of Ed Luksik, Jr.



June 28th - July 2nd, 2010
 William T. Rogers Middle School, Kings Park / Contact: Mike Maletta 516-510-8061

OUTSTANDING CLINICIANS & COACHES
 FUNDAMENTAL CAMP ★ INTERMEDIATE CAMP ★ ADVANCED CAMP ★ HEAVY WEIGHT CAMP

Name _____ Email _____
 Home Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Emergency Contact _____
 Insurance/Medical Coverage _____ Health Related Issues _____
 School Attending _____ Age _____ Weight _____ T-Shirt Size: YS YM YL AS AM AL (circle one)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Camp #1 (Fundamentals - 1/2 day) \$165. | <input type="checkbox"/> Camp #2 (Intermediate) \$265. | (Call for family member discounts) |
| <input type="checkbox"/> Camp #1 (Fundamentals - full day) \$235. | <input type="checkbox"/> Camp #3 (Advanced) \$265. | |
| **For full day camps, please provide your own lunch.**
Make all checks payable to: KINGS PARK WRESTLING | <input type="checkbox"/> Camp #4 (Heavy Weight) \$265. | |

MAIL TO: Michael Maletta - 42 Hileen Drive - Kings Park, NY 11754

I understand that a risk of participating in any sport has the possibility of sustaining an injury. In consideration for acceptance of my child, as a camper, I for myself and for my child, do hereby agree that I shall be responsible for all costs associated with an injury or loss that may be sustained by my child as a result of participation in this camp. I understand that I am responsible for having health insurance that provides adequate coverage for injuries and illnesses my child may sustain while participating in camp. I hereby release and promise not to sue Kings Park Schools, All Star Wrestling Camp, or their employees for any damages, injuries or death arising from my child's participation in wrestling camp. I hereby give permission for All Star Wrestling to obtain medical treatment for my child in the event of accident or illness during his/her presence at camp. I know of no mental or physical problems that affect my child's ability to safely participate. I give this camp permission to use any photos of my son/daughter for camp publicity. I, the parent or guardian, do hereby agree to the above waiver and release.

Parent/Guardian Signature: _____ Date: _____

Check box if you are interested in transportation from Lindenhurst area to Camp. (if enough applicants are interested, we will contact you with more info.)