



# BLUE WAVE YOUTH WRESTLING CAMP

## August 15-20, 2011

The Camp is designed specifically for experienced Youth wrestlers, emphasizing intensive “in season” training with light instruction. A weekend **wrestling tournament** is planned for all Campers, accompanied by *Blue Wave* coaches.

**Time:** Mon-Fri, **6:30pm - 8:30pm**; Sat, **10am - 11am**  
**Sunday Tournament** – Departure Time **TBA**  
 (approximate 1hr 45min travel time)

**Where:** John Glenn High School  
 478 Elwood Rd  
 East Northport, NY 11731

**Who:** Youth wrestlers Grades 4<sup>th</sup> – 8<sup>th</sup>, Fall 2011  
**First 50 wrestlers** to register!  
**Current USA Card Required**

**Fees:** Current *Blue Wave* wrestlers: **\$90.00**  
 Non *Blue Wave* wrestlers: **\$125.00**

### Coaching Staff

#### Tom Giaramita

- Founder and current Head Coach of the **Blue Wave Wrestling Club**
- Coached over 58 Youth County Champions and 28 NYS Champs

#### T.J. Brocking

- Head Coach of perennial power John Glenn HS
- Coached 30 All County and 9 All State Wrestlers since 2007!
- Teams have won 2010 NYS Dual title and three Section 11 titles, also placing 2<sup>nd</sup> and 4<sup>th</sup>.

Staff assistance will be provided by former *Blue Wave* grads!

### 2011 BLUE WAVE WRESTLING CAMP REGISTRATION FORM

Please submit and send cash or check, payable to *Tom Giaramita, 9 Shire Dr., Greenlawn, NY 11740*

Contact Information: [bluewave61@aol.com](mailto:bluewave61@aol.com) or [torchfb34@aol.com](mailto:torchfb34@aol.com)

Full Payment is Non-Refundable

<b>Name:</b>		<b>Age:</b>	<b>Weight:</b>
<b>School:</b>	<b>Grade Fall 2011:</b>		<b>USA Card #:</b>
<b>Address:</b>			<b>City:</b>
<b>State:</b>	<b>Zip:</b>	<b>Email:</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>	<b>Work Phone:</b>
<b>Emergency Contact:</b>			<b>Family Doctor:</b>
<b>Emergency Phone:</b>			<b>Doctor Phone:</b>

*I approve of my child's attendance at wrestling camp and certify that he/she is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care and I hereby waive and release the Blue Wave Wrestling Camp, Coaching Staff, Elwood Union Free School District and Elwood Youth Wrestling Club of all liability for any illnesses or injuries incurred.*

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*Signature of Parent or Guardian*

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*Date*