



1 Commercial Ave. Garden City, NY
 JFrancowrestling@gmail.com
 www.Lawwrestlingacademy.com
 914-755-1355

Come join us for our 4th annual summer wrestling camp. Law Wrestling Summer Camp is a great way to improve your technique for next year's season. You will learn proper technique from experienced coaches, smart match strategy, and the proper ways to chain wrestle. Summer wrestling camps are the best way to improve your technique and start achieving your goals for the next season.

<p>Jamie Franco</p> <ul style="list-style-type: none"> • Head Wrestling coach at Law Wrestling Academy • Assistant coach at Div. 1 Hofstra Univ. • 4 year Starter for Hofstra Univ. • 3x Division 1 NCAA Qualifier • Ranked as high as 12th in the country • 5x NYS Place Finisher • NYS Champion • High School All-American <p>Aljamain Sterling</p> <ul style="list-style-type: none"> • Varsity coach at Baldwin High School • Current UFC fighter • 2x Div. 3 all-American 	<p>Chris Weidman</p> <ul style="list-style-type: none"> • UFC Middleweight Champion • 2x NCAA Div. 1 all-American for Hofstra University • 2x NJCAA All-American • NYS Champion <p>Nick Terdick</p> <ul style="list-style-type: none"> • Assistant Coach at Division 2 LIU Post • Assistant coach at John Glenn High School • 3 year starter for Hofstra Univ. • 2x High School All-State • NHSCA High School All-American <p>*Clinicians are subjected to change. We will Add more clinicians closer to camp*</p>
<p>Schedule: Camp 1 June 26th- June 30th Camp 2 July 24th- July 28th Session 1: 10:00a – 12:00p - Instruction & drill Lunch: 12:00p – 12:45 Session 2: 12:45p – 3:00p - Drill & live wrestling/strength and conditioning</p>	<p>COST: \$200 Early registration before April 30th \$250 after April 30th</p> <p>Make checks payable to: Corningstone LLC. Checks & applications can be mailed to: LAW MMA: 1 commercial Ave Garden City N.Y. 11530</p>



LAW WRESTLING CAMP REGISTRATION FORM

CAMPERS NAME: _____

AGE: _____ **WEIGHT:** _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____

Email: _____

USA WRESTLING CARD NUMBER: _____

SCHOOL NAME: _____

T-shirt size (CIRCLE ONE): YM YL S M L XL XXL

Camp 1 June 26th – June 30th **Camp 2 July 24th - July 28th**

Both Camps (\$375)

Pay By (CHECK ONE): Check Cash Credit Card

Name _____ **CC#** _____

Exp _____ **CVC** _____ **Zip code** _____

A receipt will be emailed to you following any transaction.

Email _____

Parental Waiver and Consent:

As the parent/guardian of the child named above, I hereby give my consent and approval for my child to participate in Law wrestling academy Summer Wrestling Camp. I certify that my child is in good physical health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury, which is contradictory to participation. I understand that participation in camp may involve physical contact and there are certain risks of injury inherent in the practices and play of any sport and I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child. I hereby give my consent for medical treatment deemed necessary by medical personnel designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive, release and hold harmless the LAW MMA and Fitness, coaches and representatives for any injury that may be suffered by my child in the normal course of participation and the activities incidental to it.

****NO REFUNDS****

Parent/Guardian Signature: _____ **Date:** _____