

# 2026 Schuylkill Valley Wrestling Camp

## Tuesday, July 14<sup>th</sup> – Friday, July 17<sup>th</sup>

This camp is being held for girls and boys in kindergarten to 12<sup>th</sup> grade for the 2026-2027 school year. The clinic will focus on teaching fundamentals, sportsmanship, and the love of wrestling. The camp is designed to provide your wrestler with fun, inspiration, and an educated wrestling experience. Our goal is that your child will leave our camp with a better understanding of wrestling and make memories of a fun-filled week. Snacks and water will be available each day for the kids. A fun treat will be provided for all after the Friday takedown.

**Dates:** Tuesday, July 14<sup>th</sup> – July 17<sup>th</sup>      **Times:** 4:30pm – 7:30pm

**Where:** SV High School Auxiliary Gym      **Fees:** \$40 per wrestler (includes camp T-shirt)

**Friday, July 17<sup>th</sup> Takedown Tournament in the SV High School Main Gym at 6:30pm**

**Parents, Guardians and family members are invited to attend.**

Contact Tanya Rupp with any questions 484-599-1097

Please fill-out the following page and return to P.O. Box 88, Leesport PA 19533 by June 30<sup>th</sup> with cash or checks payable to SVWC. Venmo is also accepted to SV-WC-2025 account. (comment child's name & reason)

**Camper's Name** \_\_\_\_\_ **Grade in Sept 2026** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Approx. Weight** \_\_\_\_\_

**Shirt Size (Youth S – Adult XL):** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Secondary Emergency Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Health History	Yes	No		Yes	No
Any hospitalization/operations			Heat stroke or exhaustion		
Seizures			Diabetes		
Vision Problems			Cancer		
Ear or hearing problems			Heart problems		
Dizziness or Fainting			Circulatory problems		
Head Injury/Loss of consciousness			Sickle cell trait/disease		
Neck or back injury			Insect Bite/Sting Allergy		
Asthma or difficulty breathing			Orthopedic Injuries		

**Please explain any YES answers:** \_\_\_\_\_

**Athlete Allergies:** \_\_\_\_\_

**Current Health Conditions:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

### Parent's Approval and Medical Release

I hereby give my permission for the above-named minor to participate in all normal and usual activities associated with the sport of wrestling. In the event of an emergency, accident, or injury occurring while my child participates in the Schuylkill Valley Wrestling Club Camp and I am not present, I hereby give permission for the adult representatives of the Schuylkill Valley Wrestling Club to secure whatever medical treatment may be appropriate or required. Recognizing the possibility of physical injury associated with wrestling, I hereby agree to release, discharge, and/or hold harmless the Schuylkill Valley Wrestling Club and the Schuylkill Valley School District and their officers, agencies, employees, students and volunteers from, and against all liability, loss, damages, claims or actions (including legal costs and attorney fees) for any bodily injury and/or property damage, to the extent permissible by law arriving from or related to my child's participation. I understand that medical insurance is not the responsibility of the Schuylkill Valley Wrestling Club and that primary insurance coverage is my responsibility.

**Parents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_