

# CITY HIGH SUMMER SPORT CAMPS 2016



## Wrestling Developmental Camp

**Date:** May 31 - July 29  
TUE, THU, FRI  
**Time:** 11:15am - 12:30pm  
**Equipment:** t-shirt, shorts, shoes  
**Location:** City High wrestling room  
**Grades:** 2-8 (2016-17)  
**Staff:** City High coaching staff  
**Cost:** \$100 (includes t-shirt)

*For information regarding scholarships, email Coach Connell*

### Objectives:

1. Improve skills for wrestlers of all levels.
2. Have fun in a competitive environment.
3. Connect youth wrestlers with the City High program.

For more information contact:

Cory Connell- City High head coach  
319-321-9097

[connell.cory@iowacityschools.org](mailto:connell.cory@iowacityschools.org)

## 2016 Wrestling

Grades 2-8, May 31 - July 29

Detach and mail this panel to:  
CITY HIGH SPORTS CAMPS  
1900 Morningside Drive  
Iowa City, IA 52245

Student Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

2016-2017 Grade \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Contact Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

### T-Shirt Size (Adult Sizes)

S     M     L     XL

### T-Shirt Size (Youth Sizes)

S     M     L     XL

### Make Checks Payable to City High Sport Camps

*(Checks will not be deposited until the week of the camp. No confirmation or receipt will be sent. Please write a separate check for each camp attending.)*

Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_

We understand that accidents may occur even though safety precautions have been followed. My son/daughter has my permission to participate in the City High Sports Camps.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

