

ROEHLIG
WRESTLING



LEG ATTACKS + COUNTER ATTACKS

*Wrestler's Name: _____

*School / Team: _____

*Weight: _____ Age: _____ Grade _____

*Parent(s) / Guardian: _____

*Address: _____ *City: _____ *Zip: _____

*Email: _____ *Phone _____

**DETAILS: Specialized Strength + Conditioning Warm-up,
High Percentage Technique, Explosive Drills, Live Situations / Matches.**

WHERE: St Ignatius High School
1911 West 30th
Cleveland, OH 44113

WHEN: Saturday, May 18th 12 Noon – 5 pm (Bring Lunch)

COST: \$30.00 Pre-Register Before May 15th (\$40.00 at the door)

Please make check payable to: **St. Ignatius High School**

Mail to: Saint Ignatius High School (Attention Coach Sullivan)
1911 West 30th
Cleveland, Oh 44113

For more information, Please call Coach Sullivan: 440-478-3302

ROEHLIG WRESTLING CAMPS

LIABILITY FORM

Residential Parent or Guardian Form:

Mother _____ Emergency Phone# _____

Father _____ Emergency Phone# _____

Address _____ City _____ State _____

I understand that the Roehlig Wrestling Camps and all personnel associated with the camps, including St Ignatius High School, assume no responsibility for accidents, injuries, medical or dental expenses incurred by my son or sons at this camp. I attest that he is physically fit and sufficiently conditioned for this camp.

I have read and understand the foregoing assumption of risk and release Roehlig Wrestling, LLC and all associated of all responsibility and liability.

Parent or Guardian Signature _____ Date: _____