



CLARK COUNTY YOUTH WRESTLING CCYW

*"I would like CHS football players to be involved in another sport.
Wrestling promotes tough-ness, conditioning, balance,
and competitiveness, all qualities of a great football player."
Jon Eagle*

This program is for male & female athletes grades K-8. CCYW will hold tournaments and matches for peewee and youth all around Clark County. Shirts and pictures are included. A small fee is charged for entry into the Jamborees. Wrestlers are admitted free into the Jamboree if they wear their shirt. Space is limited to the first 50 registered participants per Division.

REGISTRATION DEADLINE 1/09 - Please register in advance if possible.

Peewee Division: Grade K-2

Code: #1116-17

Wed. & Thurs. 1/03-3/01

6:00-7:30 PM

Fee: \$35

Youth Division: Grade 3-8

Code: #1107-17

Tues. Wed. & Thurs. 1/03-3/01

6:00-7:30 PM

Fee: \$65

Location: Camas High School Wrestling Room

Coaches: Pat Craig (University of Oregon Graduate, 2 x NCAA qualifier, 2 X Oregon State Champion)

Eric Webb (University of Oregon Graduate, Pac 10 Finalist)

Register with form below or online at CamasCommunityEd.org

Cut Here ✂ _____

360-833-5544	Camas Community Education 841 NE 22 nd Avenue, Camas, WA 98607	www.CamasCommunityEd.org
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Students Name: _____

Parent's Name: _____

Student Info. Gender: Male Female School: _____ Grade: _____

Phone: # _____ Phone: # _____

Email Address: _____

T-shirts come in youth or adult sizes. Please check one: YS YM YL YXL AS AM AL AXL

Does your child have any medical conditions or allergies of which staff should be aware? Yes No

If yes, please explain: _____

Code	Class Title	Fee
#	Clark County Youth Wrestling (CCYW)	\$
		\$

Total Enclosed: \$ _____

_____ has my permission to participate in this CCE activity. I understand the Camas Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs and condition with staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

Parent/Guardian Signature: _____ Date: _____

Office Use Only: Cash/Check #: _____