

# DUKE ELEMENTARY / MIDDLE SCHOOL WRESTLING CAMPS

If you're looking to  
kick off summer vacation  
with a fun, action-packed camp  
that will raise the overall  
fitness level of your child, this is  
the camp for you!

These camps are designed for elementary and middle school youth. No wrestling experience is necessary since wrestlers will be grouped based on their experience to learn wrestling techniques at their own pace and compete with wrestlers of similar age, size and experience. Activities include wrestling skills development, live wrestling, games, agility and strength improvement exercises, wrestling videos, swimming and other fun activities designed to improve your child's overall fitness level.



## Youth Wrestling Camps

Duke University, June 15-19, 2009

9AM—5PM; Drop off at 8:15AM

\$225 for the week for full days.

\$150 for the week for morning only.

Group discounts are available.

### Meet the Coaches

**Clar Anderson**  
Head Wrestling Coach  
Duke University

**Phil Davanzo**  
Head Wrestling Coach  
Durham Jordan High School

**Joe Cesari**  
Coach of Capital City Youth Wrestling Club  
NCAA Wrestling Official

## READY ... WRESTLE!

Space will be limited to the first 60 wrestlers for *each camp*, so sign up early!  
For more information contact

**Phillip Davanzo:** philip.davanzo@dpsnc.net, (919)560-3912, ext. 12248

**Joe Cesari:** jcesari@capitalcitywrestling.org, (919)848-3276

Register Online at: [www.dukewrestling.com](http://www.dukewrestling.com)

# DUKE CAMP REGISTRATION

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address (Must Include):** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade (2009-10):** \_\_\_\_\_

**Weight:** \_\_\_\_\_ **lbs.** **Shirt Size:** Youth: S M L

**Wrestling Club:** \_\_\_\_\_ Adult: S M L XL (*circle one*)

# MEDICAL INFORMATION

**Camper's Name** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Emergency Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Current Medical Conditions:** \_\_\_\_\_

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

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

*I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Duke Wrestling Camps, Duke University, and all employees or agents of the camps from any and all liability from injury and illness, mental or physical.*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Mail Completed forms to :** Philip Davanzo III  
Head Wrestling Coach  
C.E. Jordan High School  
6806 Garrett Road  
Durham, NC 27707