Photo Copies Accepted



Mail or Fax to Granby School
P.O. Box 15265
Chesapeake, VA 23328
Phone: 757-482-2177
Fax: 757-482-1577
Email: steve@granbyschool.com

This camp is open to any and all entrants.

www.granbyschool.com

2017 Registration Form

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone#:_____ Emergency #:_____

Email:_____

School:_____ Grade:_____ Coach:_____

Age:_____

2017 Residential Camps

(Register for both camps and receive $50 off)

❒ **June 18-21 Hampton-Sydney, VA $375** ❒ **June 25-28 Hampton-Sydney, VA $375**

2017 Commuter Camps

❒ **June 12-14 Andover, Kansas $240** ❒ **June 19-21 Pocono, Pennsylvania $240**
❒ **June 12-14 Rosenberg, Texas $240** ❒ **June 12-14 Davis, California $240**
❒ **June 23-25 Novi, Michigan $240** ❒ **June 26-28 Savannah, Georgia $240**
❒ **July 10-12 Granby at ODU, Norfolk, Virginia $240**

Coaches are free with 10 or more wrestlers, $100 off with 5-9 wrestlers, and full price with 0-4 wrestlers

Payment information: Pay $100 non-refundable deposit to reserve a spot at camp. Balance due at check-in on the first day of camp. You can also register online at www.granbyschool.com, there is an additional 4% service fee when registering online or when using a credit card.

Payment by Visa/MasterCard(circle one): Card# _____

Code# _____ Expiration Date _____ Zip _____

❒ **Payment by Credit Card** ❒ **Payment by Check** **Amount Paid** _____

Coaches: There is a $25 per person discount for teams of 10 or more that register before May 1st. The registration forms need to be mailed together, to guarantee the discount.

*Airport pickup is only provided for the Virginia Camps! **Additional charges will apply.**

The under signed student, parent or guardian of (student's name) _____ the applicant for and in consideration of the Granby School of Wrestling, Inc., accepting said applicant, here by agrees to save and idemnify and keep harmless the said Granby School of Wrestling, Inc., it's agents, and sponsors, against any and all liability claims, judgements or demands for damages arising as a result of injuries by the applicant traveling to and from said camp and during the stay at the school and on the school grounds, or while wrestling or taking instruction in wrestling.

_____ PARENT'S OR GUARDIAN'S SIGNATURE

_____ APPLICANT'S SIGNATURE

MEDICAL PERMISSION SLIP

I approve of my son's attendance at wrestling camp and certify that he is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care.
*Physical form not needed to participate.

_____ PARENT'S OR GUARDIAN'S SIGNATURE

Has medical condition that requires adult supervision? YES ❒ NO ❒

Wrestler's Name _____ Weight _____ Age _____ *10 and under will need adult supervision

Address _____ Phone No. ( ) _____ Session# _____

City, State, Zip _____ Insurance Co. _____ Policy No. _____

FOR MORE INFORMATION CALL 1-757-482-2177

WWW.GRANBYSCHOOL.COM