**Gerald Carr Wrestling Camp**

**July 20-23rd**

**HOSTED BY:**

**Richmond Hill High school**

**Gerald Carr**: Owner and operator of the Storm Wrestling Center

3x Undefeated GHSA State Champion

Junior College National Champion and Outstanding Wrestler

2x NCAA Qualifier University of Minnesota All American

Coached Over 20 High School State Champions

5 Time GHSA Team State Champion Coach

Numerous High School and Elementary National Champions and All Americans

**LOCATION: Richmond Hill High school West Gym**

1 Wildcat Way

Richmond Hill, GA 31324

**DATE: July 20-23 9:00am-4:00pm** (one hour lunch break)

**COST: $125.00 Early Registration** (by June 1st)

**$150.00 Walk-Ins**

**Make checks payable to: RHHS Wrestling**

**QUESTIONS:** Please call

Robert Parker 205-965-8948

Bill Evans 813-285-6695

**Gerald Carr Wrestling Camp**

Hosted By: Richmond Hill High School

**WRESTLER’S TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WRESTLER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: \_\_\_\_\_\_ WEIGHT: \_\_\_\_\_\_**

**PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I the undersigned, individually and as a parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ask that he/she be admitted to participate in the wrestling camp sponsored by Richmond Hill High School. I do hereby agree to release RHHS, Bryan County, Gerald Carr, camp instructors, their owners, agents and employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor’s attendance at the camp or in the course of competition and/or activities held in connection with the camp. I hereby authorize the directors of the wrestling camp to act for me according to their best judgment in an emergency requiring medical attention.

**PARENT SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_**