

COLLIN PALMER WRESTLING CAMP @ BLOOM-CARROLL HIGH SCHOOL JUNE 23RD AND 24TH!!!



Collin Palmer contact information

Website: Cpwrestling.net

Phone - 440-212-6379

cpalmer4x@gmail.com

Schedule

Friday, 23rd & Saturday, 24th 10-2pm @Bloom-Carroll High School

Friday's focus will be Set-ups to attacks and some Chain Wrestling

Saturday's focus will be boot riding and live wrestling using/coaching techniques.

Collin has had an amazing career as a wrestler, check out some of his amazing accomplishments. High school, middle school wrestlers and youth wrestlers are all invited to attend. Ages 6-18 years of age.

- A 4x State Champion in Ohio
- Won Medina tournament 4x's
- 2005 Beast of the East Champion
- 2007 Sophomore National Champion (OW)
- 2008 Super 32 National Champion/Ironman National Champion
- 2009 Dream Team Member

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Bloom-Carroll High School June 23rd & 24th

5240 Plum Road

Carroll, Ohio 43112

Contact Bloom-Carroll Head Coach **Daniel Grove** @ 973-997-2610 with any questions. To sign up, show up on Friday with the payment in full (cash or credit) and be ready to work with the best!

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Bloom-Carroll Wrestling Camp Registration

Name: _____ Age: _____ Phone: _____

Address: _____

School: _____ Grade in 2017/2018 _____

Where can parents/guardians be reached if not at home?

Mother: _____ Phone: _____

Father: _____ Phone: _____

List 2 relatives or neighbors who will assume temporary care of your child:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Allergies: _____

Other conditions: _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements that seem necessary.

Signature of parent or guardian: _____

Local physician's name: _____

Address of physician: _____

Office phone: _____ Home phone: _____

I give my consent and approval for the participation of my son in the Bulldog Wrestling Camp. I certify that he is physically fit to take part in all camp activities. I give my consent for medical treatment in the event of injury or illness. I will not hold the school or camp authorities responsible in case of an accident or illness.

____ Check here if you wish to NOT grant consent for medical treatment or transportation.

Signature of parent or guardian: _____

Please complete and bring form to camp on June 23rd along with \$100.00 dollar payment in the form of cash or credit. Camp will be at the high school.

Bloom Carroll High School
5240 Plum Road
Carroll, OH 43112