

# RUBICON

"Veni, Vidi, Vici!"

## WRESTLING

**HS & JH Rubicon Wrestling Camp (Solanco Wrestling Room)**  
**June 12<sup>th</sup> - June 14<sup>th</sup>, 2023 (Monday to Wednesday)**

The Rubicon Wrestling Camp will run three days and will include technique, live wrestling, cross-fit training, goal setting, and personal development. This is an opportunity to work with current NCAA Division I wrestlers and coaches. You will be exposed to current techniques and training methods used in some of the best college programs in the country.

The camp is from 9am-2pm, with lunch included. This is designed for Solanco wrestlers, with a maximum limit of 40 wrestlers. If the maximum limit is not filled by the registration due date, **May 12<sup>th</sup>**, I will begin to fill the empty slots with non-Solanco wrestlers.

**Dates:** June 12<sup>th</sup>-14<sup>th</sup>, 2023 (Monday-Wednesday)  
**Time:** 9:00AM - 2:00 PM Daily-Lunch Included  
**Location:** Solanco Wrestling Room  
**Eligibility:** Entering 7<sup>th</sup>-12<sup>th</sup> Grade in the fall of 2023  
**Cost:** \$115 per wrestler



### **Camp Clinicians (Tentative):**

**Dan Neff:** Navy University Assistant Coach  
Solanco's first PIAA State Champion, NCAA All American, 4X NCAA D1 Qualifier  
**Ronnie Perry:** LHU Assistant Coach  
Solanco PIAA 7<sup>th</sup> Place, 2018 NCAA Runner-Up, 3X NCAA D1 Qualifier  
**Mike Evans:** Navy University Assistant Coach  
3X All-American at University of Iowa

# **2023 RUBICON CAMP REGISTRATION FORM**

Registration forms and payment are due May 12<sup>th</sup>

Online registration option: <https://forms.gle/pt7PAYjGBed9r3oH6>

Wrestler Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ Contact #: \_\_\_\_\_

\_\_\_\_\_ Emergency #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt Size: XS AS AM AL AXL XXL

We, the undersigned, understand Solanco School District and Solanco Athletics will NOT be responsible for any injuries incurred during the sports camps. We hereby waive Solanco School District and Solanco Athletics from any responsibility / liability during the selected camp. Each player is responsible for his or her own health and safety. Players should have proof of necessary health insurance documentation with them should they require treatment for any injuries.

\_\_\_\_\_  
**SIGNATURE OF WRESTLER**

\_\_\_\_\_  
**SIGNATURE OF PARENT**

**Send Registration Form/Health Record Form and \$115 check payable to:**

*Tony Mendez  
147 Main Street,  
New Providence, PA 17560*

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## **HEALTH RECORD FORM**

Wrestlers Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Name: \_\_\_\_\_

**Emergency Contact #1:** Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office: \_\_\_\_\_ Phone#: \_\_\_\_\_

Existing medical conditions and/or allergies the staff should be aware of: \_\_\_\_\_

Medication needed during camp time and dosage: \_\_\_\_\_

To the best of my knowledge, the above information is correct. I hereby give my permission for the coaching staff to administer medicine that my child will require during camp times.

**PARENT'S SIGNATURE:** \_\_\_\_\_