

RUBICON

“Veni, Vidi, Vici!”

WRESTLING

HS & JH Rubicon Wrestling Camp (Solanco Wrestling Room)
June 10th - June 12th, 2024 (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 10th**, I will begin to fill the empty slots with non-Solanco wrestlers.

Dates: June 10th-12th, 2024 (Monday-Wednesday)
Time: 9:00AM - 2:00 PM Daily-Lunch Included
Location: Solanco Wrestling Room
Eligibility: Entering 7th-12th Grade in the fall of 2024
Cost: \$120 per wrestler



Camp Clinicians:

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 7th Place, 2018 NCAA Runner-Up, 3X NCAA D1 Qualifier

Nick Feldman: Ohio State University Wrestler
#1 ranked recruit in the class of 2022. 2024 NCAA D1 All-American-5th

2024 RUBICON CAMP REGISTRATION FORM

Registration forms and payment are due May 10th

Online registration option: <https://forms.gle/G5dzkHd5TbkuGxsf8>

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 & Health Record Form with \$120 check payable to:

Tony Mendez

147 Main Street,

New Providence, PA 17560

or Venmo Payment: @Luis-Mendez-434

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: _____