

FIVE STAR AND TOWN WRESTLING CLUB PRESENT

# MACARTHUR GENERALS SUMMER WRESTLING CAMP



JULY 29TH - AUGUST 1ST



Dom Forsys  
ACC Champion Pitt University



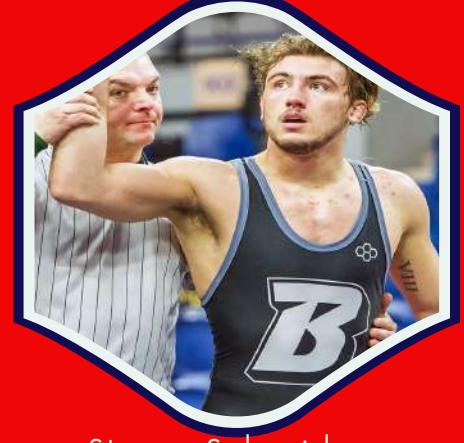
Mark Hall  
National Champion  
4x All American



Lennox Wolak  
D1 All American



Zach Redding  
2x NCAA D1 Qualifer Iowa State



Steven Schneider  
3x NCAA D1 Qualifer



Anthoony D'lessio  
NCAA D1 Qualifier



Luke Gardner  
Penn State



Joey Bloomer  
Penn State

**Staff and Clinicians Include:**

MacArthur HS Coaches  
 FiveStar / Town Wrestling  
 Coaches  
 Local College & HS Coaches  
 Guest Collegiate Wrestlers

**6th Grade  
 through  
 12th Grade**

**Question or Concerns:**  
 Contact:  
 Rob Paletta  
 (516) 307-7339  
 or  
 fivestar.town.wrestling  
 @gmail.com

# 2024 GENERALS WRESTLING CAMP

**USA Wrestling  
 Card Needed**  
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**\$115** club member  
**\$175** non-club member  
 with USA card  
**\$200** non-club member  
 without USA card

**PRESENTED BY FIVESTAR /TOWN WRESTLING**

**JULY 29 - AUGUST 1, 2024**  
**TIME: 9AM - 1PM**  
**@ SALK MIDDLE SCHOOL**

**ONLINE REGISTRATION  
 OR WALK-IN (CASH ONLY)**

**Wrestler Must Bring**  
 wrestling shoes,  
 shorts, tee-shirt  
 and water

All sessions will be  
 held at:  
**Salk Middle School  
 GYM**

**REGISTER ONLINE AT:** <https://form.jotform.com/221783677082161>

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Parent Contact Name: \_\_\_\_\_ Emergency # \_\_\_\_\_

School \_\_\_\_\_ Approximate weight: \_\_\_\_\_ USA Card #: \_\_\_\_\_

**Parent/Guardian Medical Waiver and Release Form**

You agree that you are aware that the child named above will be engaging in physical exercise involving various sports, coordination events and general fitness training which could cause injury, illness or various skin infections. You understand that the child is voluntarily participating in these activities and is assuming all risks injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event, including tripping, slipping, falling, colliding with another individual or object on or off the club premises. You hereby agree to waive any claims or rights that you might otherwise have to sue the club, our employees, owners, officers, or agents for any injury illness or skin infection that may occur. You understand that we make no evaluation or recommendation as to whether or not the child is capable or deemed physically fit to engage in any activity. If the child has any physical or mental condition that may impair his/her ability to engage in any of the club activities, practices, or exercises, it is your responsibility to obtain a physician's release statement. It is recommended you consult a physician prior to your child participating in any practice, physical exercise or club activity.

Wrestler's Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_