

3rd Annual

PIN 2 WIN Wrestling Camp

Details:

- Hosted by the Sequim High School Wrestling Team
- The camp will be held in the Sequim High School Gym at 601 N Sequim Avenue, Sequim WA 98382
- Complementary private campground for RV and tent camping situated along the Dungeness River located 20 minutes from the high school
- Lunch provided daily
- Complementary Pin2Win camp t-shirt

Contact:

Coach Steve Chinn for questions

- phone: (360) 460-8982
- email: info@sequimwrestling.com

Coach Chad Gate Memorial Camp featuring Gene Mills
JULY 5 - 8, 2023 **9am - 3pm Daily**



PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

School: _____ Grade in Fall 2023: _____ Current Weight: _____

Years of Experience: _____ Years of Varsity: _____ Club Participation: _____

Notable Achievements: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____ Relation: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Phone Number: _____

HEALTH INFORMATION

Medicine and Environmental Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them: _____

If your child does have any medical conditions, please provide information to assist us in providing the best camp experience for your child: _____

Medications (including Inhalers:) Yes No

If your child must take medication while at camp, please note here: _____

Food Allergies: Yes No

If yes, please describe the severity of the reaction, requested accommodations and what is done to manage them: _____

OTHER

Pin2Win T-Shirt Size (adult): Small Medium Large X-Large XX-Large

Will you be staying at the complementary campground: Yes No Tent RV

AUTHORIZATION & RELEASE FORM

Participants Printed Name: _____ Date of Birth: _____

AUTHORIZATION

I authorize and give consent for any licensed medical provider or athletic trainer to provide medical treatment, emergency services or assistance to my child (identified above) related to their participation in the 2023 Pin2Win Wrestling Camp with Gene Mills. I agree to assume all costs related to such treatment, services, or assistance.

Insurance Company: _____ Policy Number: _____

RELEASE

I give permission for my child (identified above) to participate in the 2023 Pin2Win Wrestling Camp with Gene Mills. I assume all the risks of accident or injury that may result from their participation in this activity. I release the coaches, Sequim School District and all employees, volunteers and participants from liability including, but not limited to legal claims and suits for any injury, damage, or loss (personal or property) resulting from their participation in this activity.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

PAYMENT

Please mail payment in full of \$225 to complete your registration and ensure placement in the 2023 Pin2Win Wrestling Camp with Gene Mills.

Make checks payable to: Sequim High School – 2023 Wrestling Camp

Mail Registration and Payment to:
Erin Ulm – ASB Bookkeeper/Secretary
Sequim High School
601 N Sequim Avenue
Sequim, WA 98382