

Parental Consent Form
Del Val Wrestling Clinic

Last Name: _____

First Name: _____

Parent Name: _____

Emergency Contact/Consent

I give my consent and approval for the above named student to participate in the Del Val Wrestling Clinic and release the Delaware Valley wrestling staff, camp instructors and the School District from any liability from injuries or illness while at camp.

I also give my consent and approval for the above named student to be treated and cared for by a hospital's emergency room staff.

Signature of Parent / Guardian

Parent / Guardian Phone Number

If I am not available please contact:

Name: _____

Phone: _____

Insurance Information

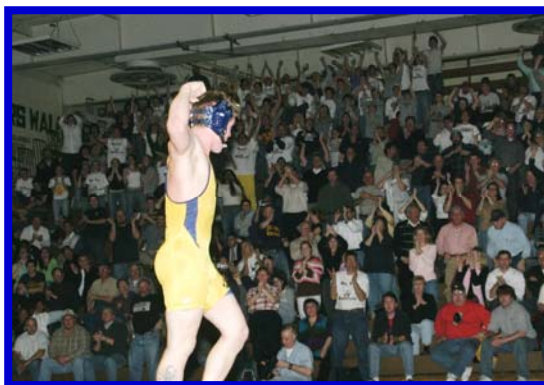
This clinic does not provide medical insurance for athletes. In the event of illness or injury requiring treatment, hospitalization, family medical insurance must be used.

Policy Number: _____

Group Number: _____

Other Insurance: _____

**DV
WRESTLING
DV**



Del Val History

7 Group II Titles

14 Sectional Titles

8 NJ State Champions

88 District Champions

38 Region Champions

35 NJ State Place Winners

Our goal is to teach the fundamentals of our great sport and instill a love of wrestling.

We have sessions designed for new and experienced wrestlers.

**DV
WRESTLING
DV
CLINIC**

July 12th thru the 15th

**at
Delaware Valley
High School**

Kindergarten to 9th Grade

6:00 PM to 8:00 PM

www.delvalwrestling.com

Contact info:
908-996-2132 x2179

andyfitz@dvrhs.org

Application Form Del Val Wrestling Clinic

Name: _____

School: _____

Grade (in Sept): _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Shirt Size (Circle one)

Men's: XL L M S

Youth: XL L M S

Cost:

\$25 for one wrestler if paid in advance
\$30 for one wrestler the day of the clinic
\$40 Total for 2 wrestlers in the same family
\$50 Total for 3 wrestlers in the same family
\$40 for out of district wrestlers

Payment is required with your application in order to insure a reservation in the camp.

Please make checks payable to:
Delaware Valley Wrestling Foundation

and mail payment along with application to:

DVWF - Karina Inglin
720 Milford Mount Pleasant Road
Milford, NJ, 08848

Come join in the tradition of
Delaware Valley Wrestling!
Quality instruction from a staff
of outstanding wrestlers.
Beginners are encouraged to
attend. **NO EXPERIENCE IS
NECESSARY.** Come be a part
of a great week of learning and
fun. Bring a friend!!!

REGISTRATIONS:

- 🐾 Registrations can be sent via e-mail, or in person.
- 🐾 Applications will be accepted through the close of the first evening of the clinic

WHAT TO BRING:

- 🐾 T-Shirt, shorts or sweats, wrestling shoes or sneakers

OTHER INFORMATION:

- 🐾 All wrestlers will receive a clinic tee.
- 🐾 A snack & drink will complete each session.
- 🐾 Pizza will be served on the last night.

Andy Fitz, Clinic Director, DV '90

- 🐾 Head Coach, 4th Year
- 🐾 55-21 Career Coaching Record
- 🐾 District 17 Coach of the Year in 2008
- 🐾 Lehigh University 4 year starter
- 🐾 NJ state place winner for Del Val in 1990
- 🐾 NJ Freestyle & Greco State Champion

Matt Giarretta DV '90

- 🐾 Del Val Assistant Coach, 3rd Year
- 🐾 Strength and Conditioning Expert
- 🐾 Member of 4 Group II championship teams

Mat Dawson

- 🐾 Del Val Assistant Coach, 3rd Year
- 🐾 NY state place winner
- 🐾 Division 1 Wrestler at Liberty University

Scott Woodland

- 🐾 Del Val Assistant Coach, 4th Year
- 🐾 4 Year Wrestler at Bloomsburg
- 🐾 Maryland State place winner

Vince Fitz

- 🐾 Del Val Head Coach, 1971 - 1990
- 🐾 284 Career Coaching Wins
- 🐾 1984 NJ Coach of the year
- 🐾 NJ State Champion
- 🐾 National Wrestling Hall of Fame Inductee
- 🐾 Current 7th/8th grade coach

Many current and former stars on our High School team!