

Mark Furgeson
JJ Pearce Wrestling Coach
Contact Information:
301-996-4921
mark.furgeson@risd.org



When:

July 22th – July 25nd

Where:

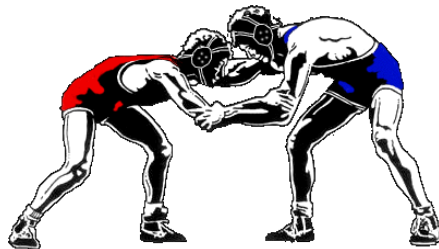
JJ Pearce Small Gym

1600 N. Coit

Richardson, Tx. 75080

Time:

9:00 am - 11:30 am



Mustang Wrestling Camp

July 22th - July 25nd



**@ JJ Pearce
High School**

Sign up at

jipearecamps.com

DEADLINE JULY 19th

When:

July 22th – July 25nd

Where:

JJ Pearce Small Gym
1600 N. Coit
Richardson, Tx. 75080

Time:

9:00 am - 11:30 am

Who:

Incoming K to grade – 9th
grade

Price:

\$120 per camper

Camp Schedule

- 8:30-9:00am** Check in
- 9:00-9:05** Daily Motivation
- 9:05-9:25** Warm up/ Stretch
- 9:25-10:05** Technique/Instruction
- 10:05-10:25** Snack Break
- 10:25-10:45** Daily Skill Development
- 10:45-11:05** Daily Competitions
- 11:05-11:25** Daily Match/Tournament
- 11:25-11:30** Closing

Name

Address

City, State Zip

Parent(s) Name

Daytime/Evening Number

Email Address

Mark an "x" by campers' grade for 2018-2019

<input type="checkbox"/>	K – 2 nd grade	<input type="checkbox"/>	7 th grade
<input type="checkbox"/>	3 rd – 4 th grade	<input type="checkbox"/>	8 th grade
<input type="checkbox"/>	5 th - 6 th grade	<input type="checkbox"/>	9 th Freshman

School attending: _____

Camp Shirt Size:

"x"	Shirt Size	"x"	Shirt Size
<input type="checkbox"/>	Youth Small	<input type="checkbox"/>	Adult Small
<input type="checkbox"/>	Youth Medium	<input type="checkbox"/>	Adult Medium
<input type="checkbox"/>	Youth Large	<input type="checkbox"/>	Adult Large
<input type="checkbox"/>		<input type="checkbox"/>	Adult X-Large

Liability Release: I agree that _____ may participate in the Camp Mustang Wrestling Summer Camp. In consideration of participating in this event, I agree, on behalf of the above named child to release, discharge, indemnify, and hold harmless RISD, its agents, servants, and employees from any and all claims, demands, damages, rights of action or causes of action, present and future, whether the same be known, anticipated, unanticipated, resulting from or arising out of participation in this event. I HEREBY GRANT PERMISSION TO THE CAMP MUSTANG STAFF TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR THE PARTICIPANT NAMED HEREIN AT SUCH TIME AS EITHER PARENT OF LEGAL GUARDIAN CANNOT BE CONTACTED. *This activity is not sponsored or endorsed by the Richardson Independent School District.*

Signed: _____ Date: _____

Price: \$120 Cash _____ Check _____

MAKE CHECKS PAYABLE TO:

Mark Furgeson