



ROB WALLER'S

All-American

WRESTLING CLUB & CAMPS

All-American Wrestling Summer 2022 Camp Schedule

- * June 19-23 All-American Training Center, Latrobe PA
- * July 24-28 All-American Training Center, Latrobe PA
- * July 31-August 4 All-American Training Center, Latrobe PA
- * Aug 7-11 **Girl's Camp**, All American Training Center, Latrobe PA

Cost: \$395 includes lodging and meals

Family, team, and group discounts available *Contact Coach Waller*

Camps held in Latrobe are limited to the first 40 wrestlers.

Below are other opportunities to travel with Coach Waller and Staff:

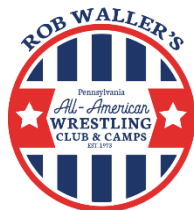
- * June 6-10 Fox Chapel, Pa (9-3 Mon-Fri)
- * June 27-July 1st Corry, Pa (overnight)
- * July 11-15 Portage Northern High School, Portage, Michigan (overnight)
- * July 18-22 New Concord High School, Ohio (overnight)

Website: www.wallerwrestling.com

Coach Rob Waller 724-396-0056 (cell) 724-423-7112 (home)

Email: rwaller@zoominternet.net

DiAnna Waller-Allen 724-309-3354 Email: allamericanwrestlingclub@gmail.com



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2021-2022 Camp Registration & Release Forms

All-American Training Center: 183 Dutch Hill Road Latrobe, PA 15650-4680

***** **Parents must sign Release Form in order for wrestler to step on the mat** *****

Date of Camp and Location: _____

Name: _____

Parent's Name: Father _____ Mother _____

Street: _____

City: _____ State: _____ Zip: _____

Age: _____ Grade: _____ DOB: _____ Weight: _____ lbs

School: _____ # of years wrestled: _____ **USA/PAWF Card#** _____

Home Phone#: (____) _____ - _____ Cell#: (____) _____ - _____

Father: Work#:(____) _____ - _____ Cell#: (____) _____ - _____

Mother: Work#:(____) _____ - _____ Cell#: (____) _____ - _____

#Email: _____

Parent/Guardian Signature _____ **Date** _____

All Parents/Guardians **MUST** sign the following 2 (two) Releases:

*** Make sure wrestler's name is *printed* in **BOTH** spaces provided ***

1. Permission to Treat

Coach Waller and/or his designee (i.e. staff member) have permission to have _____
(Wrestler's Name) treated if necessary at the appropriate facility if he is injured, or if he appears to be injured.

2. Indemnification by Parent or Guardian of Applicant

The undersigned parent or guardian of _____ (Wrestler's Name)

The applicant, for and in further consideration of the wrestling camp accepting said applicant does hereby release and discharge the curators of Rob Waller's All-American Wrestling Club/Camp and it's representatives, employees and agents from any and all debts, claims and demands, actions, damages, causes of action, judgments or suits of any kind which may result of this applicant participation in, traveling to or from the All-American Wrestling Club/Camp, and hereby agree to have and indemnify and keep harmless the curators of the All-American Wrestling Camps, it's representatives, employees and agents against liability claims, judgments or demands for damages arising as a result of any course instruction given the applicant by Coach Waller or any designee of Rob Waller's All-American Wrestling Club/Camps.

Parent/Guardian Signature _____ **Date** _____

The Following Release form must be signed and returned 1. Permission to Treat Coach Waller and/or his designee (i.e.: staff member) have permission to have _____ Treated, if necessary, at the appropriate facility if he is injured, or if he appears to be injured 2. Indemnification by Parent or Guardian of Applicant The Undersigned parent or guardian of

_____ (Wrestler's name) The applicant, for and in further consideration of the wrestling camp accepting said applicant does hereby release and discharge the curators of Rob Waller's All-American Wrestling Camp and its representatives, employees and agents from any and all debts, claims and demands, actions, damages, causes of action, judgments or suits of any kind which may result of this applicant participation in, traveling to or from the All-American Wrestling Camp, and hereby agree to have and indemnify and keep harmless the curators of the All-American Wrestling Camps, its representatives, employees and agents against liability claims, judgments or demands for damages arising as a result of any course instruction given the applicant by Rob Waller's All-American Wrestling Camps

_____ Signature of Parent/Guardian Date _____

Are you or your dependents entitled to health benefits under any employer, Union, Group Plan, Group Blue Cross, Blue Shield, Medicare, Medicaid, Select Blue or other HMO or any other government Program? _____

YES _____ NO If So Person Carrying Coverage _____

Name _____

EMPLOYER or Sponsoring Organization _____ |

Insurance Company Plan or policy# _____

Name: _____

Street: _____ City: _____ State: _____

Zip: _____ Home#(____) _____ - _____ Work#(____) _____ - _____ Cell#(____) _____ - _____

Email: _____ Parent/Guardian Signature: _____

_____ Age: _____ DOB: _____

Weight: _____ # of years wrestled: _____ T-Shirt Size (Circle One) Youth: M L Adult: S M L XL
XXL XXXL

***Deposit of \$125 per camp must be included.** Make checks payable to: Rob Waller 183 Dutch Hill Road Latrobe, PA 15650 Credit Card Payment: Visa _____ Master Card _____ Card Number: _____

Exp. _____ Amt. to be charged: _____

Card holder Name: _____

Card Holder Signature: _____