

# **Campbell County Youth Intramural Wrestling**

**Who:** Campbell County Elementary Students: Grades 3<sup>rd</sup> – 7<sup>th</sup>

**Where:** Campbell County High School Wrestling Room

**When:** Tuesday, May 4<sup>th</sup>  
Wednesday, May 5<sup>th</sup>  
Tuesday, May 11<sup>th</sup>  
Wednesday, May 12<sup>th</sup>  
Tuesday, May 18<sup>th</sup>  
Wednesday, May 19<sup>th</sup>

**Time:** 6:00 PM – 7:30 PM

**Cost:** \$20 (Make checks payable to CAMPBELL COUNTY WRESTLING)

**Registration:** Tuesday, May 4<sup>th</sup> – 5:00 PM (Auxiliary Gymnasium Entrance)

\*\*\* No parents are permitted in the building (after registration) or Wrestling Room

\*\*\* Wrestlers are to be dropped off and picked up at the Auxiliary Gymnasium Entrance

**Questions:** Please email Coach Boggs- [Joshua.Boggs@campbell.kyschools.us](mailto:Joshua.Boggs@campbell.kyschools.us)

## **High School Head Coach:**

Mike Bankemper

### **Assistant Coaches:**

James Wilbers  
Josh Boggs  
Andy Sherlock  
Sam Steele

### **Middle School Head Coach:**

Luke Tucker

### **MS Assistant Coaches:**

Aaron Depperschmidt  
Steven Warnick  
Kyle Comley

### **Youth Head Coach:**

Mike Rosa

# REGISTRATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY

In consideration of your acceptance of this entry, I intend to be legally bound and do hereby agree to be legally bound for myself and for all successor in interest I may have, by this Waiver and Release of Liability Form, and hereby agree to hold harmless and indemnify Campbell County High School, (as well as any officers, members, employees, or agents of any type whatsoever of any of the aforementioned entities) against any claims for damages or other claims for injuries or losses of any kind suffered by me or any other, directly or indirectly, arising out of any practice or other activity related to this event or traveling to or from this event or any other activity related to this event. In the event I require medical attention or hospitalization at this event, or en route to for from it, and am unable to grant permission, I authorize the director or other personnel to grant permission for me, understanding that if I am under the age of 18, my parents or guardians will be contacted first, if they can; or notified as soon as possible afterwards, if not.

### SIGNATURE AND INFORMATION REQUIRED

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_/\_\_\_\_/2021

\_\_\_\_\_  
Signature of Athlete

Date \_\_\_\_/\_\_\_\_/2021

Insurance Carrier Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_