

Camp Schedule

Session 1 PreK-1st Grade 10:00–11:30

Registration 9:30 (day 1 only)

We will focus on the fundamentals of Wrestling. There will be games that engage kids in the fundamentals. We will have a small competition at the last session on Thursday. Participants should be dressed in Shorts and t-shirts each day. Wrestling shoes are recommended, but not required.

Session 2 2nd–6th grade 1:00-3:00

Registration 12:30 (day 1 only)

Focus of this camp will be on the fundamentals of wrestling and will incorporate drills to further the knowledge of wrestling. We will be moving on to higher level skills at this camp. Participants should be dressed in shorts and t-shirt each day, Wrestling shoes are recommended.

CAMP DIRECTOR

AND CLINICIAN

ANDY OURADA

**HEAD WRESTLING COACH
AT REDWOOD
VALLEY SINCE 2002.**

WILL BE ASSISTED BY
CURRENT STAFF AND
WRESTLERS

Any Questions:

Andy Ourada
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Redwood Falls, MN 56283
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ourada22@gmail.com

Redwood Area Wrestling

YOUTH
WRESTLING
CAMP
JUNE 11-14

*Ages PreK– 1st grade(session 1)
2nd grade– 6th grade(session2)
Based on 2012-13 school year*

*At the Redwood Valley
Wrestling room*





REDWOOD VALLEY YOUTH WRESTLING CAMP SIGN UP



Cost \$30 (includes T-shirt) before June 1st, \$35 after

Session 1 (preK-1) _____ or Session 2 (2nd-6th) _____

SHIRT SIZE (circle) YS YM YL AS AM AL AXL

NAME _____ DOB _____ AGE _____ GRADE _____

Address _____ City/Zip _____ Phone # _____ cell # _____

Email _____ Health Concerns _____

PARENT AGREEMENT:

- I hereby certify that I am, or in the event I am registering my minor child, my child is in normal health and capable of participating in the above listed activity.
- I understand that the goals of the City of Redwood Falls Youth Programs are to develop, promote and provide fun, skill development, participation, in recreation opportunities, and sportsmanship.
- In the event of injury to my minor child, as a parent or legal guardian, I authorize a licensed physician to examine my child and in the event of injury to render such emergency care as he or she deems necessary for the treatment of such injury, including consultation and treatment by a specialist, including a surgeon. As parent or legal guardian, I authorize the Recreation Department to send my minor child to the hospital or doctor most accessible.
- I am fully aware of the fact that there are special dangers and risks inherent in certain recreational activities. Being fully aware of those risks and in consideration of being allowed to participate in City recreational activities and/or use of the City facilities, on behalf of myself and/or my minor child, I hereby assume all risk of injury, damage and liability arising from such activities or use and hereby release City of Redwood Falls, its officials, employees and agents and waive any right of recovery that I might or my minor child may have to bring claim or a lawsuit against them for any personal injury, death or other consequences occurring to me or my minor child arising out of my or my minor child's voluntary participation in City recreational activities.

REFUNDS AND/OR CANCELLATIONS: All refunds will be subject to a \$5 administrative fee. The registrant will be responsible to cover the cost of a t-shirt (only if a t-shirt has already been ordered for that activity) in addition to the administrative refund fee. After an activity has started, no refund will be issued. No credits will be issued for any activity. The Recreation Department reserves the right to cancel any program or activity due to insufficient enrollment or inclement weather. If a program is cancelled due to low enrollment or inclement weather, a full refund check will be mailed to you. To receive information about program changes or cancellations due to inclement weather, please listen to KLRG, call the Weather Hotline 644-2335, or call the Redwood Area Community Center at 644-2333.

PHOTOGRAPH AND VIDEO RELEASE POLICY: Photographs or video may be taken at Redwood Area Community Center (RACC) programs or other events sponsored by the City of Redwood Falls, including photographs of you, your family, and/or your child(ren). Some of these photographs may be used in printed materials and/or on our official website or our sponsored social-media website on the internet to promote future events sponsored by the City of Redwood Falls or other recreational activities at the RACC. In the event a photograph or video is used for these purposes, every effort will be made to protect the individual identity of all individuals depicted in the picture or video. No names, telephone numbers, addresses or other identifying information will be placed in the printed materials or on the internet. For these reasons we are asking for your permission to use your/your child's photographs in our materials and on our website. By signing, I hereby grant the City of Redwood Falls and RACC staff permission to use photographs, video and/or other images of my child(ren) for the purposes outlined above."

PRIVACY ADVISORY: The information you provide, including your name, address, telephone number, and any other identifying information, is classified by state law as private and is not accessible by the public but is accessible by you, or in the case of a minor is accessible by a parent or guardian or an individual acting as a parent or guardian in the absence of a parent or guardian, except that the City of Redwood Falls shall withhold data from parents or guardians, or individuals acting as parents or guardians in the absence of parents or guardians, upon request by the minor if the City of Redwood Falls determines that withholding the data would be in the best interest of the minor. We need this information to enroll you in the program and to be able to contact you if necessary. If you do not provide the information, you will not be enrolled in the requested program. This information will be provided to the coaches and members of any team that you are on and to recreation personnel who have a need to know it, such as referees/jumpires

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act (Minnesota Statutes 13.04, Subdivision 2) requires when you are requested to provide private or confidential data about yourself. You must be informed of the following information:

- A) The purpose and intended use of the requested information;
- B) Whether you may refuse or are legally required to supply the information;
- C) Any known consequence to you of providing the information or refusing to provide the information; and
- D) The identity of other persons or agencies authorized by State or Federal Law to receive the data.

In accordance with the Minnesota Government Data Practices Act, the Redwood Area Community Center (RACC) advises our customers of the following:

The information you provide on this application is private data and not available to the public. The information you supply on the agreement or registration form will be used for the following reasons:

- To have all contact (emergency) information available
- To enable us to make rosters for activities

To enable us to contact you if additional information is required, to send you appropriate notices

You are not legally required to provide this information, but we will not be able to register for an activity, purchase a membership or rent a facility without it.

The information you provide may be accessible to the following persons or entities:

- 1) You and persons who have your express, written consent may receive the information;
- 2) RACC officials (City of Redwood Falls) officials and staff members who have a need to know about the information in the course of their duties or responsibilities;
- 3) A law enforcement agency that requests access to the data in connection with an investigation;
- 4) A school for purposes of compiling pupil census data;
- 5) The Metropolitan Council for use in studies or analyses required by law;
- 6) A public child support authority for purposes of establishing or enforcing child support;
- 7) A person where use of the data directly advances the general welfare, health, or safety of the public; or
- 8) Credit or collection agencies to determine your credit rating or to assist in collecting on your account for services should it become delinquent;

In accordance with MN Statutes Sections 13.03 & 13.04, I acknowledge by signing this application form that I have been informed of and understand my rights under the Minnesota Government Data Practices Act and hereby consent to the release of the above information for those purposes as stated herein.

X _____ Date _____

Parent or Guardian Signature

Office Use Only

Amount Paid \$ _____ Check _____ Cash _____ CC _____ GC _____ CYF _____

Staff Initials _____ Date _____