



# Astros

## Jr. Astros Wrestling Camp

**Pinkerton Academy Shepard Auditorium**  
**Open to all wrestlers, new and experienced, 2<sup>nd</sup> to 8<sup>th</sup> Grade**  
**July 17<sup>th</sup> – 20<sup>th</sup> and July 24<sup>th</sup> – July 27<sup>th</sup>**  
**5:00 p.m to 8:00 p.m.**  
**One Week-\$60**  
**Both Weeks-\$100**

The Jr. Astros Wrestling Camp is directed by Dave Rhoads, current head coach of the Pinkerton Academy wrestling program. Having grown up in NW Pennsylvania, in a “wrestling family” and community, Coach Rhoads developed a passion for the sport that carried through his competitive career into high school and college at Syracuse University. As such, Coach Rhoads’ philosophy of sound fundamentals and enthusiasm are the foundation of the camp.

Working with Coach Rhoads will be Pinkerton assistant coach Rob Flinn. A native of nearby Sandown, Coach Flinn was also born into a “wrestling family”. His wrestling career took him from Timberlane High School to Ithaca College, and he has been a key member of the Astros coaching staff. Coach Flinn is an expert instructional technician, always finding new ways to teach kids precise technique.

Throughout the evenings, campers will be instructed through mechanical and fundamental skills, taught rules, strategies and situations, and given the opportunity to “live wrestle” with campers their own size. Under the direction of Coaches Rhoads and Flinn, we will have current and past Astros, as well as coaches from the Goffstown Grizzlies program, assisting with small group instruction. We will also have guest clinicians (wrestlers and coaches) from Division 1 and Division 3 colleges and local clubs.

\*\*\*Please be sure that your child brings enough water/snacks to drink/eat during camp. They should also be properly outfitted each day with all of their equipment (*t-shirt, shorts, wrestling shoes, headgear*).

(Not sponsored by the Derry, Chester, Auburn, Hooksett or Hampstead school districts).

**\*Mail completed Registration Form and Check for payment in full by June 23<sup>rd</sup> 2017.\***  
**\*\*If forms are received by June 15<sup>th</sup>, campers are guaranteed a Camp Shirt.**

Dave Rhoads  
45 Lexington Drive  
Hampstead, NH 03841

(Any Questions, please email me at [drhoads@pinkertonacademy.org](mailto:drhoads@pinkertonacademy.org) subject : Jr Astros Camp)

**No fee will be refunded after camp has begun for any reason.**

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**Full Name of Athlete (Print):** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Grade (as of September 2017):** \_\_\_\_\_

**Years of Wrestling Experience:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medical Concerns/Allergies:** \_\_\_\_\_

**Emergency Contact Name & Phone Number (for use during camp sessions):**

\_\_\_\_\_

**Week or Weeks Attending Camp:**    \_\_\_ July 17<sup>th</sup> – 20<sup>th</sup>    \_\_ July 24<sup>th</sup> – July 27<sup>th</sup>  
(Please put an X on the line for week(s) attending)

**All Campers will receive a *Free Camp T-shirt* if Pre-Registered**

**Circle Youth Size:**    XS    S    M    L    XL

The undersigned being a parent or legal guardian of the child requesting camp admittance, does hereby affirm that the applicant is in good health and suffers no illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity.

Participation in this sport/activity may involve risk or injury. As a parent/guardian/participant, I am aware of these hazards and of the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against Coach Rhoads' wrestling camp, its employees, volunteers, agents, David Rhoads, and Pinkerton Academy, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity/sport. The above named cannot be responsible for any aggravation or injury caused as a result of preexisting disabilities; including, but not limited to, allergies.

The undersigned hereby expressly agrees to be responsible for any medical bills incurred in the treatment of any illness or accident. In the event of any such accident or injury, I hereby consent to allowing any of the camp supervisors to procure any medical treatment deemed advisable on behalf of my child or ward without prior consent. No medical insurance is provided by Pinkerton Academy or Coach Rhoads' camp. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby release Pinkerton Academy, David Rhoads, and all other employees or events of the Camp from any and all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act of gross negligence by the person or entity against whom the claim is made.

**Signature of parent or guardian:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_