



This is some preliminary information about the Easton Summer Wrestling Commuter camps. More information about clinicians, counselors, etc. will be available shortly.

Wrestling I : June 23-24 (M-T) : 10:00 AM–12:00 PM and 6:30 PM-8:00PM 2 a day sessions : Grades K-12 : Camp Director-Steve Powell : Cost-\$40 In District/\$50 Out of District

Wrestling II Technique Training : July 21-24 (M-Th) : 9:00 AM–12:00 PM : Grades K-12 : Camp Director–Steve Powell : Cost-\$75 In District/\$90 Out of District

In District campers include the following areas: Easton, Forks, Lower Mt. Bethel, Palmer, and Riegelsville

Camp fees include:

- Professional instruction from high school coaching staff
- Camp T-shirt
- Drinks (water and sport drinks)

Medical care:

The camp has an athletic trainer at each site. Local hospitals are within minutes of all sites.

You must pre-register by making a check payable to: Varsity E Summer Sports' Camps.  
Mail to: Varsity E Summer Sports' Camps  
401 South 25th Street  
Easton, PA 18045

Payment and Insurance required with your application in order to ensure a reservation in the camp.

For more information please contact the Easton Area School District Athletic Office at 610-250-2575.

Note: We cannot guarantee camp registration the first day of each camp. Maximum camp members may have already been reached. Please pre-register.

2008 Varsity E Summer Sports Camps

\*\*\* Please complete both sides and return by mail to: EASD Department of Athletics;  
Varsity E Summer Sports' Camps; 401 S. 25th Street; Easton, PA 18045\*\*\*

APPLICATION & PARENTAL CONSENT FORM

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

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (entering Sept. 2005)

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

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

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

Phone: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

\_\_\_\_\_  
Emergency Contact Person Phone #

I give my consent and approval for the above named student to participate in the one week summer sports camp selected on the back during the summer of 2005.

I also give my consent and approval for the above named student to be treated and cared for by the camp athletic trainer or by the emergency rooms of a local hospital.

I understand that the Easton Area School District, Palmer Township, and Varsity E Club are not responsible for any injuries incurred while participating in any sports camp.

\_\_\_\_\_  
Signature and Date of Parent/Guardian

INSURANCE INFORMATION:

Do you have (circle one): Blue Cross? YES NO Blue Shield? YES NO

If YES.....Subscriber's

Name \_\_\_\_\_

Group No. \_\_\_\_\_ Agreement No. \_\_\_\_\_

Other Insurance (please name): \_\_\_\_\_

\_\_\_\_\_