



# Hays Hawks Wrestling Camp

- WHO: INCOMING 7th, 8th, AND 9th GRADERS FOR 2023
- WHEN: July 10 - July 13 (Monday thru Thursday)
- TIME: 8:00 A.M.-12:00 P.M.
- WHERE: HAYS HIGH SCHOOL Wrestling Room (Behind Bales Gym)
- COST: \$ 25.00 (Make Checks Payable to Hays High School) or online at School Store
- CLOTHING: SHORTS, T-SHIRT, Socks (wrestling shoes are welcome but not required). WATER Bottle.

Please leave your valuables at home.

➤ REGISTRATION: \*\*\* REGISTER ONLINE: <https://www.hayscisd.net/Page/12320> (WEB STORE)

\*\*\* CHECK PAYABLE TO HAYS HIGH SCHOOL. MAIL/EMAIL/IN PERSON:

Hays High School –Wrestling C/O Head Coach Jorge Machado

4800 Jack C. Hays Trail; Buda, Texas 78610

✓ This camp will be fun and very beneficial for young men and women interested/or curious about Wrestling. Hays High School coaches will provide each student with individual attention on basic skills and teach the foundation of the sport of Wrestling.

✓ INSTRUCTIONAL ACTIVITIES:

- STRENGTH TRAINING - You will learn the basic techniques of the Hawk Strength Program.
- AGILITY TRAINING - You will learn the basic techniques for the Hawk Speed Program.
- WRESTLING - You will learn the basic fundamentals of the sport of wrestling.
- COMPETITION – You will have fun and be challenged to better yourself

### HAYS C.I.S.D. RELEASE OF LIABILITY FORM

Participant releases the Hays C.I.S.D., its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the Individual Participant and any parent or guardian signing this document on behalf of the Participant. Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims. The release and indemnity obligations of Participant shall apply without regard do whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees or volunteers. This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below I certify that I have read, understand and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal right and that I may consult an attorney prior to signing.

➤ PLEASE PRINT: For More Information Contact: Jorge Machado at [Jorge.Machado@haysscisd.net](mailto:Jorge.Machado@haysscisd.net)

❖ ATHLETE'S NAME: \_\_\_\_\_ 2023 GRADE LEVEL: \_\_\_\_\_

❖ ATHLETE'S CELL #: \_\_\_\_\_ SCHOOL ID #: \_\_\_\_\_

❖ Middle School Did/Will you Attend? BARTON WALLACE Other \_\_\_\_\_

❖ T-SHIRT SIZE (Youth): M \_\_\_\_ L \_\_\_\_ (Adult): S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_

❖ PARENT CELL #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Parent / Guardian Signature

Parent / Guardian Printed Name

Office Use Only:

Payment Received: \$ \_\_\_\_\_ Payment Type: Ck \_\_\_\_ /CC \_\_\_\_ / Cash \_\_\_\_ / W \_\_\_\_