

Cape May Fitness & Sports Wrestling Camp

“The Summer Program”
June 26th to August 7th, 2019

Featuring:
Billy Damiana

In association with the Lower Township Department of Parks and Recreation

Location
Lower Cape May H.S. - Field House
687 Rt 9
Erma, NJ 08204

Camp Clinicians

Stephan Glasgow Rutgers

3x NJ Place Winner (2x State Champion)
4x District Champion
3x Region Champion
BIG 10 Place Finisher (Currently at Rutgers)

Billy Janzer Rutgers

3x NJ Place Winner (2x NJ State Champion)
3x District Champion
3x Region Champion
Current Redshirt for Rutgers

CJ Lafragola

2x NJ Place Finisher (1x Finalist)
3x District Champion
1x Region Champion
3x NCAA Qualifier Brown University

Dan Vallimont

3x NJ Place Winner (2x NJ State Champion)
3x District Champion
2x Region Champion
2x NCAA All American (1x Finalist) Penn State University

Dante Minnino

3x NJ State Medalist
4x District Champion
2x Region Champion
High School All American (Top 10 Finish)
Currently Redshirted at Drexel

Antonio Minnino

2x NJ State Medalist (1x Champion)
3x District Champion
3x Region Champion
High School All American (#2 in the country)
FloNational Champion
Current Starter at Drexel

Joe Duca

3x NJ Place Finisher (1x Champion)
4x District Champion
4x Region Champion
Paulsboro All Time Winningest Wrestler
NCAA Qualifier Indiana University

2019 SPONSORS/PARTNERS:

*Lower Township Dpt. of Parks & Rec.
*Riptide Wrestling Club

TUITION:

- The application and fee are due by June 15th.
- Applications will only be accepted on a first come, first served basis to ensure the quality of the program.
- Applications can be mailed to the following address or dropped off at CMFC FACILITY.
- For Online registration see below
- *Make checks payable to:*

CMST, LLC

- Mail Application to:

CMFC

MIKE WILSON - OWNER/OPERATOR

3860 BAYSHORE RD. UNIT J.

N. CAPE MAY, NJ 08204

ONLINE REGISTRATION:

- Registration can be done online at: CapeMayFitness.com
- *Sports Performance Page
- Payments may be made online with any major credit card
- Checks are accepted by mail or delivered to the above address at CMFC
- This is a non-refundable (after session 1 starts) no nonsense program

REFUND POLICY:

There will be a \$50 refundable administration fee for any early cancellation made before the start of the program. *All cancellations must be in writing as no cancellations will be taken over the phone.*

MEDICAL CARE:

Medical emergencies are referred to the local hospital center in close proximity to the school.

MEDICAL EMERGENCIES:

The CMFC Wrestling Program does not provide medical insurance for athletes. In the event of an illness or injury requiring treatment, hospitalization, and or surgery, family medical insurance must be used. Athlete's insurance, company name and policy number are required on the application form.

The Program - (CIRCLE) **Session & Member Option**

Session options are offered as Gold 1, Gold 2 or Platinum Club Member discounted rates. Drop-ins are welcome. Gold members receive **6 (Gold 1)** or **8 (Gold 2)** consecutive sessions offered at 2 different times and **Platinum members receive 14** consecutive sessions of instruction at a discounted rate.

** missed sessions are not made up

Circle Session

- **(Session A)** ages 5-10
- Mon/Wed: 6:00pm - 7:00pm
- **(Session B)** ages 11 & UP
- Mon/Wed: 7:15pm - 8:45pm

Circle Member Option

Gold 1 Member (June 26th - July 10th)..... \$149

Gold 2 Member (July 15th - Aug 7th).....\$169

Platinum Member (June 26th - Aug 7th)... \$239

Registration Application.

Mail with payment. Parent's Signature required if minor.



(PLEASE PRINT) GRADE ENTERING _____

NAME _____

ADDRESS _____

CITY, ZIP _____

HOME PHONE: _____

CURRENT SCHOOL _____

MY MEDICAL INSURANCE COMPANY IS:

POLICY NUMBER:

EMAIL: _____

HOW DID YOU HEAR ABOUT US: _____

YOUTH TEE-SHIRT: YS - YM - YL - YXL

ADULT TEE-SHIRT: S - M - L - XL - XXL - 3X

Release/Waiver

I hereby authorize the staff of the CMFC Athletic Performance Staff to act for me according to their best judgment in situations requiring first aid or medical attention. I hereby waive and release the CMFC staff from any and all liability for any injury or illness by myself, son or daughter while training.

Parent or Guardian Signature

Date

IN CASE OF EMERGENCY, PLEASE CALL:

(NAME)

(TELEPHONE)NUMBER)