

Maverick Wrestling Camp

Summer 2021 Camp Sessions

Week 1	June 28 – July 2
Week 2	July 5 – 9
Week 3	July 12 – 16
Week 4	July 18 – 23
Week 5	July 26 – 30

9:00am	Daily Check-in
9:30am	Strength & Conditioning
10:00am - 12:00am	Technique & Drilling
12:00pm - 1:00pm	Lunch
1:00pm - 3:00pm	Technique & Wrestling

**Archbishop Edward A. McCarthy High
School**

**5451 South Flamingo Road
Southwest Ranches, FL 33330**



Iron Sharpens Iron!



PARENTAL AUTHORIZATION Conditions of Attendance Disclaimer:

I agree to allow my child/ward to participate in the Summer Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Camp, which may cause serious injury or even death. I also understand that, despite safety precautions, neither the camp staff nor Archbishop Edward A. McCarthy High School can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Camp. ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE AND AGREEMENT NOT TO SUE: In consideration for permitting me/my child/ward to participate in the Summer Camp, I voluntarily agree, for myself, my heirs, executors, and administration, to the following: **To assume full responsibility for any risks or loss, or personal injury, including death** that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from Summer Camp. TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE AND AGREE NOT TO SUE the person or entity responsible for administering the Summer Camp, Summer Camp Staff, Archbishop Edward A. McCarthy High School, Archdiocese of Miami, Archbishop Thomas Wenski and all his successors, or its trustees, officers, employees, agents, students, staff, volunteers, (hereinafter referred to as "releases") from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Camp. I give permission for photographs taken of me/my child/ward while participating in the Summer Camp to be used in marketing/public relation's material in the promotion of the Summer Camp. I give my permission to have my child in any media coverage approved by Archbishop McCarthy High School Summer Camp and any Archbishop McCarthy High School promotional materials. By signing below, I acknowledge that I have read, and understand and agree to the terms outlined above.

Parent's/Legal Guardian's Signature

Date

Print Camper's Name

Camp Details

The Maverick Wrestling Camp provides introductory, intermediate, and advanced skills in the sport of wrestling. We focus on teaching low risk, high success techniques. Our ultimate goal is to provide knowledge of basic techniques and skills that will make each wrestler successful in the future. To accomplish this goal we do not focus solely on winning or losing, but also in having fun while increasing strength and cardiovascular health. Finally, we aspire to encourage each wrestler to develop a deep rooted love and appreciation for the oldest and greatest sport in the world, wrestling. Our camp is made up of wrestlers of all levels and abilities. Understanding that all wrestlers develop their skills differently helps to ensure that no wrestler is left behind. The coaches of the Maverick Wrestling Camp will coach in a positive manner and ensure that each child has fun while learning skills that will make him or her successful.

Camp Dates:

June 28–July 2; July 5-9; July 12-16;
July 18-23; July 26-30
Monday – Friday – 9:00am – 3:00pm

Age Groups: Grades 1 to 12

Cost:

\$150 per week.

Send Registration to:

Archbishop McCarthy High School
c/o Wrestling Coach Charlie C. Morgan, II
5451 South Flamingo Road
Southwest Ranches, FL 33330

Online registration available at:

www.mccarthyhigh.org

For more information:

Call Charlie C. Morgan, II at (954)562-6240
Email: cmorgan@mccarthyhigh.org

McCarthy High School Coaching Staff

Charlie C. Morgan, II: Head Coach- Coach Morgan is a 4 Time NCAA D1 Tournament Qualifier, 2 Time Eastern Regional Champ, 4 time MEAC Conference Champ, 2 Time MI State Placer, and a MI State Tournament Finalist. He has been coaching for 24 years at the high school and club level, and has coached in Ohio and Florida. Coach Morgan has produced many youth and high school All Americans, multiple state champs, several all state wrestlers, state qualifiers, regional champs, multiple district champs, and BCAA county champs. Additionally, he has coached a UWW All American, and Fargo qualifiers. Coach Morgan's teams have won district team titles, and a regional team title. Coach Morgan is a FLYWAY State Director and a USA Wrestling Bronze Level Certified Coach.

Daniel Bankemper: Assistant Coach- Coach Bankemper is a former varsity wrestler, and a 2 time all state wrestler at Archbishop McCarthy. He wrestled 4 years at the Citadel, The Military College of South Carolina. A great role model and presence in the room, Coach Bankemper knows how to extract the best from his athletes.



Make all checks payable to: Archbishop McCarthy High School. Mail this registration form and check to: **Archbishop McCarthy High School, c/o Charlie C. Morgan, II, 5451 South Flamingo Road, Southwest Ranches, FL 33330**

Wrestler's Name: _____

Age: _____

Address: _____

City: _____ State: _____

Zip: _____

Parent/Guardian: _____

Cell Number: _____

Work Number: _____

Email Address: _____

Doctor's Name and Number:

Emergency Contact 1: _____

Phone Number: _____

Emergency Contact 2: _____

Phone Number: _____

List Allergies/Medical Conditions or Medication

Registering for week(s): Week 1 ____ Week 2 ____

Week 3 ____ Week 4 ____ Week 5 ____

Amount Due: _____ Check #: _____