

# 2012 Quirino Wrestling Camp @ St. Xavier High School



**JUNE 18 & 19 (Grades K – 3; 9am-12:00am)**  
**JUNE 20, 21 & 22 (Grades 4 – 12; \*9am-3pm)**  
*\*Lunch 11:30am - 1pm (Bring own lunch or leave with parent)*



**David Quirino- Head Coach Randall High School**  
-2x TX State Champions 2008, 2009  
-3x TX High School Coach of the Year  
-College Wrestler

**Jim Kraeszig- Head Coach St. Xavier High School**  
-12 yrs coaching experience K-12  
-Jefferson County Team Champions 2011  
-5<sup>th</sup> KY High School State 2011

**Efren Quirino- Head Coach River City Wrestling and Assistant Coach St. Xavier High School**  
-12 yrs coaching experience  
-Middle School National Team Coach  
-College Wrestler

**Isaac Knable- Asst. Coach St. Xavier High School**  
-6 yrs coaching experience  
-4x KY State Champion  
-College wrestler  
-NCAA National Qualifier

Our camps focus on teaching quality wrestling technique, work ethic and sportsmanship. Each camp is tailored to meet the needs of the wrestlers in attendance at any level from beginner to advanced and is open to any and all wrestlers. All participants should have shorts, 2 t-shirts, running shoes and a water bottle each day.

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**2012 Quirino Wrestling Camp @ St. Xavier H.S.** Check the camp you plan to attend below:

☐ **June 18 & 19 (Grades K – 3) 9am – 12:00am COST \$50**

☐ **June 20, 21 & 22 (Grades 4 – 12) \*9am - 3pm COST \$110**

*\*Lunch 11:30am - 1pm (Bring own lunch or leave with parent)*

**Wrestler's Name:** \_\_\_\_\_

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

**Parent's Names:** \_\_\_\_\_

**Age at camp:** \_\_\_\_\_ **Grade Entering:** \_\_\_\_\_

**Approx. Weight:** \_\_\_\_\_

All wrestlers are grouped according to their Age, Weight & Experience.

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

**Home Phone #:** \_\_\_\_\_

**E-mail:** (This is important for camp updates) \_\_\_\_\_

**Parent's Cell Phones:** \_\_\_\_\_

(Dad)

(Mom)

**Parent's Work Phones:** \_\_\_\_\_

(Dad)

(Mom)

**Emergency Contact Information:** \_\_\_\_\_

(Name)

(Phone #)

**Insurance Company:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

## Medical Release

Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the coaching staff at the wrestling camp to act for me, according to its best judgment in any medical emergency, and I hereby waive and release the coaches and St. Xavier High School from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is true and correct.

\_\_\_\_\_  
Parent/ Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Checks payable to: River City Wrestling Send to: Efren Quirino 4530 Greymont Dr. Louisville, KY 40229**

**Contact Info: [CoachQ@insightbb.com](mailto:CoachQ@insightbb.com) (502) 500-4012 Also visit: [www.rivercitywrestling.org](http://www.rivercitywrestling.org)**