

2009 LAKERS SUMMER WRESTLING CAMP

AVAILABLE FOR GRADES 3RD TO 12TH

JULY 6TH, 7TH & 8TH

DETROIT LAKES WRESTLING ROOM LOCATED BEHIND
THE DETROIT LAKES SENIOR HIGH SCHOOL

GOAL: TO PROVIDE A POSITIVE EXPERIENCE FOR YOUNG WRESTLERS INTERESTED IN LEARNING AND DEVELOPING WRESTLING SKILLS AND BUILDING FRIENDSHIPS AMONG WRESTLERS ATTENDING THE LAKER WRESTLING CAMP.

Clinicians:

Dustin Schlatter: NCAA National Champion, 3x NCAA All American, Senior National Champion, 3x FILA National Champ, 2x Junior National Champ, 4x Ohio State Champion

Jayson Ness: NCAA Runner Up, 2x NCAA All American, Cadet Freestyle National Champ, Junior Greco National Champ, 3x MN State Champion

Mack Reiter: 3x NCAA All American, FILA Greco National Champ, Junior Greco National Champ, Junior PanAm Freestyle Champion, 4x Iowa State Champion

Matt Nagel: NCAA All American, Junior Freestyle and Greco All American, Minnesota's first 5 time state Champion

Brent Eidenschink: 4x Cadet All American Freestyle and Greco, 3x Junior All American Freestyle and Greco, Junior PanAm Greco and Freestyle Champion, 3x MN state place winner

Camp Schedule:

Monday, July 6th: 9:30 – 10:00am Registration

Daily Camp Schedule: 10:00 – 12:00pm Instruction & Activities
12:00 – 12:50pm Lunch (lunch provided)
12:50 - 4:00pm Instruction & Activities

REGISTER EARLY – LIMITED ENROLLMENT

Camp Tuition includes instruction, game awards and t-shirt: **\$60.00**

For additional information or questions call Rob Ulyyott 218-847-7586 or Ron Peterson 218-846-0381.

Name: _____ Home Phone: _____

Home Address: _____ Grade: (08-09): _____ Weight: _____

City: _____, State: _____, Zip: _____ E-mail: _____

School Attending: _____ Shirt Size: _____

Please Send Application to: **Ron Peterson, 115 Holmes St E, Detroit Lakes, MN 56501**

To: Detroit Lakes Youth Wrestling Org.: I/We request that you accept the application for enrollment of _____ in the 2009 Lakers Summer Wrestling Camp during the dates set forth in this application and in consideration of you acceptance of the application, I/We hereby release Detroit Lakes Youth Wrestling Org., Detroit Lakes High School, and all its employees, volunteers, and the Camp Director from all claims on account of any injuries which may be sustained by my/our child while attending the 2009 Laker Summer Wrestling Camp and I/We agree to indemnify Detroit Lakes High School, Detroit Lakes Youth Wrestling Org. and all its employees, volunteers, and the Camp Director for each claim which may hereafter be presented by my/our child as a result of any such injuries. I/We also give permission for appropriate care and treatment to be given as seen necessary by the Athletic Trainer or Camp Director. I/We also certify that my/our child is medically fit to participate in your program.

Parent or Guardian Signature: _____ Date: _____

Student Health Insurance Co. Name & Policy #: _____

Work Phone: _____ Home Phone: _____ Cell : _____