



Metro Elite
Wrestling Camp
July 13, 14 & 15 - 2009
6th - 12th Grade



The Metro Elite Wrestling staff invites you to attend a great camp!!

FEATURING:

Marty Morgan: Three-time All-American, two-time NCAA finalist, National Champion
Former Minnesota Gopher coach

Jake Deitchler: Three-time State Champion and first high-schooler on the Olympic wrestling team in 32 years. 145.5 lb

Jared Lawrence: 2002 NCAA Champion, 2003 NCAA Runner-up and 4 time NCAA All-America, 2001 - 2002 NCAA National Championship Team

WHO: Any wrestler going into 6th through 12th grade.

WHEN: Mon. July 13th - 5:30 - 9 p.m.
Tues. July 14th - 5:30 - 9 p.m.
Wed. July 15th - 5:30 - 9 p.m.

WHERE: Trinity School Gym -- 601 River Ridge Parkway -- Eagan, MN 55121

COST: \$70.00 early registration before June 15th; \$80.00 at the door and \$30.00 per individual night (checks payable to Metro Elite Camp)

BRING: Shorts, T-shirt and wrestling shoes

**INCLUDED WITH REGISTRATION: CAMP T-SHIRT
TAKE DOWN TOURNAMENT**

For more registration information or questions email: metroelitecamp@hotmail.com or phone Pat Murphy 952-895-9953

PLEASE BRING to camp or MAIL with payment to complete registration

Camp Application: Please return application to: Metro Elite Camp 12909 16th Ave. S. Burnsville, MN 55337

Name _____ Home Phone _____
Home Address _____ Grade (06-12) _____ Present Weight _____
City _____ State _____ Zip _____ E-mail address _____
School Attending: _____ Shirt Size: Adult S M L XL (Circle One)

Parent's Release and Indemnity Agreement

To: Metro Elite Camp: I/We hereby request that you accept the application for enrollment of _____ in the 2009 Metro Elite Wrestling Camp during the dates set forth in this application and in consideration of your acceptance of the application, I/We hereby release Metro Elite Wrestling Camp staff 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 Metro Elite Wrestling Camp and I/We agree to indemnify Metro Elite Wrestling Camp 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. I am aware that no insurance is provided at this camp.

Student's signature if over 18, guardian's signature if student is under 18 _____

Student Health Insurance Co. name & policy # _____

Parent(s)/Guardian(s) Name: _____

Work Phone _____ Home Phone _____ Cell Phone _____