

2009 PRESEASON WRESTLING CLINIC

Brought to you by the Lake Crystal Area Recreation Center



Date: Saturday, November 7th

Time: Starts at 12:30pm

Check-In beginning at 11:45am

Clinic Sessions(K-6: 12:30-2pm, Grade 7-12: 2pm-3:30)

Cost: \$25 per wrestler (Ages K-12)

Includes T-Shirt & Open Swim (until 5pm)

Location: Lake Crystal Area Recreation Center

Address: 621 West Nathan Street, Lake Crystal, MN 56055

Call 507-726-6730 or email: athrec1@hickorytech.net to register or for more information.

FEATURING:

BRANDON PAULSON
1996 Olympic Silver Medalist
2001 World Silver Medalist
1998 NCAA All-American
3-Time MN State Champion
2008 Greco-Roman Coach of the Year

JAKE DEITCHLER
2008 Olympian
Featured in Sports Illustrated Magazine
2007 NHSCA Junior National Champion
3-Time MN State Champion
HS Record of 201-38

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Clinic Registration Form (Due w/payment by Friday, October 23th) Late Entries: (Until Full - \$30)
Drop off or send forms & payment to:
2009 Wrestling Camp, C/O LCARC, 621 West Nathan Street, Lake Crystal, MN 56055

Name: _____ Grade: _____ School: _____

Circle One: Session One: (12:30-2pm for Grades K-6) Session Two (2pm-3:30pm for grades 7-12)

Mailing Address: _____

Phone(s): _____ Email: _____

Circle T-Shirt Size: YS YM YL S M L XL XXL

Parent Name (print): _____ Parent Signature: _____

In consideration for the acceptance of this entry blank, I agree to be legally bound herewith for myself, my heirs, executors, administrators, or assigns, and do herewith waive and release the owners of the real estate where this camp is to be held and their agents, representatives, committees and members from any and all claims to rights to damages for injuries and/or losses suffered by me whether by training, attendance in or traveling to or from this camp, and further state that I have adequate health and accident insurance to cover any injuries incurred in this camp/clinic.

Date Paid _____
Amt Paid _____
Taken By _____
LCARC Office Use Only