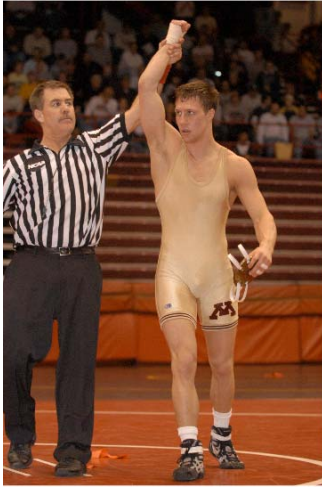


St. Cloud State University Wrestling

2009 Husky Fall Clinic

Featuring

Guest Clinician – JARED LAWRENCE



- Team USA Wrestling: 66 kg
- 3x Senior Level National Team Member
- 2004 Olympiad Athens, Greece – USA alternate
- 2002 NCAA Champion
- 2003 NCAA Runner-up
- Four-time NCAA All-American
- 2001-2002 NCAA National Championship Team
- Pinnacle Wrestling CO-Director

When: Saturday, October 31, 2009

Where: St. Cloud State University – Halenbeck Hall - Fieldhouse

Cost: \$45 non-refundable fee or team rate \$40 of 10 or more (Includes: Two Sessions of Instruction, Motivational Talk, T-shirt & Lunch). Make checks payable to: SCSU Wrestling.

Payment is due by: Monday, October 26, 2009 or you may register at the door.

Grades: Open to all individuals grades 1-12.

Times: Check-In...8:00 a.m. – 9:00 a.m.

Session #1...9:00 a.m. – 11:00 a.m.

Lunch...11:00 a.m. – 12:00 p.m.

Session #2...12:00 p.m. – 2:00 p.m.

Motivational Talk...2:00 p.m. – 2:15 p.m.

Observe Husky Wrestling Practice (Optional)...2:30 p.m. – 3:30 p.m.



All information must be complete for enrollment. Please print clearly.

Mail this part of the form to: SCSU Wrestling, 329 Halenbeck Hall, 720 Fourth Ave. South, St. Cloud, MN 56301-4498

Name _____ Parents Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

School _____ Grade _____ Age _____ E-mail _____

T-Shirt Size (Circle One):

YS YM YL AS AM AL AXL A2X

PARTICIPANT releases, waives and claims and promises not to sue St. Cloud State University/or the clinic director/clinicians with respect to any loss incurred during or in connection with his/her participation in the Husky Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify from any claims brought against the Husky Fall Clinic, clinic director/clinicians and St. Cloud State University.

I/we, being the parents and/or legal guardian of the PARTICIPANT authorize St. Cloud State University and its agents permission to request emergency medical treatment or care as necessary. Further, I claim that the PARTICIPANT is physically and mentally fit for participation.

SIGNATURE OF PARENT/GUARDIAN DATE