

CARRINGTON WRESTLING CAMP

JULY 30TH – AUGUST 1ST, 2009

The Carrington Wrestling Club is offering a camp for wrestlers entering grades 4th through 10th. Our goal is to teach young kids the fundamentals needed to be successful at the sport of wrestling. We hope to help them advance their skills and perform at their personal best. We stress the importance of being focused while having fun.

CLINICIANS	SCHEDULE	Cost: \$80.00 Includes: Camp T-Shirt Shorts
Mike Peterson (Carrington) 3 time State Champion	Thursday July 30th: 8:30 - 9:30 Registration	Registration and fees due July 1st, <i>Limited to the first 60 wrestlers</i> <i>Camp will be held at</i> Carrington High School 100 3 rd Ave S. Carrington, N.D. **Host Families will be Provided for out of town Wrestlers Make checks payable: Carrington Wrestling 525 4 th St N Carrington, ND 58421
Tyler Johnson (Bismarck High) 3 time State Champion	9:30 - 11:15 Practice (Technique and drills focused) 12:00 - 1:15 Lunch	
Trevor Johnson (Bismarck High) 2 time State Champion	1:30 - 3:15 Practice (Drills and live wrestling focused) 4:15 - 5:30 Duals	
Troy Jangula (Napoleon) State Champion	6:00 - 8:00 Dinner and evening activity	
Aaron Larson (Carrington) State Champion	Friday July 31st: 7:30 - 8:30 Running/Cardio 9:30 - 11:15 Practice (Technique and drills focused)	
Justin Jensen (Carrington) 2 time State Champion	12:00 - 1:15 Lunch 1:30 - 3:15 Practice (Drills and live wrestling focused)	
Kelly Hagel (Carrington) State Champion	4:15 - 5:30 Duals 6:00 - 8:00 Dinner and evening activity	
Joey Irmen (Carrington) State Champion	Saturday August 1st: 7:30 - 8:30 Running/Cardio	
Kirk Zink (Carrington) State Champion	9:30 - 11:30 Practice – Burnout 12:00 – 2:00 Takedown Tournament	
And More	**Lunch and Dinner will be provided	

Name: _____ Age: _____ Weight: _____

T-Shirt: YS YM YL YXL AS AM AL AXL Email: _____

Address: _____ City/State/Zip: _____

Phone: _____

My child has permission to attend the Carrington Wrestling Camp. Enclosed is the money to cover the cost of the camp. I have no knowledge of any physical impairment that may affect my child's participation in the Carrington Wrestling Camp. I authorize the staff of the Carrington Wrestling Camp to act for me according to their best judgment in any emergency requiring medical attention, and I agree to bear the expense of such procedures. I understand Carrington Wrestling Camp is not responsible for any accident or injury.

Parent/Guardian Signature: _____