

## CAMP SCHEDULE

### JUNE 21:

8:30 AM ~ REGISTRATION

9:00 AM - 12:00 PM ~ CLINIC WITH  
6X TEAM CHAMPIONSHIP COACH,  
4X NCAA D1 QUALIFIER, 2X STATE  
CHAMP, 2X FS ALL-AMERICAN  
**ROY HALL, DAVISON**

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM  
LIVE WRESTLING / DUAL MEETS

### JUNE 22:

9:00 AM - 12:00 PM ~ CLINIC WITH  
2X ALL-AMERICAN, 2X MAC CHAMP,  
CMU ASSISTANT COACH  
**MARK DISALVO, CMU**

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM  
LIVE WRESTLING / DUAL MEETS

### JUNE 23:

9:00 AM - 12:00 PM CLINIC WITH  
5X NCWA NATIONAL CHAMPIONSHIP  
COACH, 2X COACH OF THE YEAR  
**DAVE MILLS, GVSU**

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM  
CAMP TOURNAMENT

\* CLINICIANS SUBJECT TO CHANGE

WILLIAMSTON HIGH SCHOOL  
ATTN - PAT WEBER / WRESTLING CAMP  
3939 VANNETER RD.  
WILLIAMSTON, MI 48895

## HORNET WRESTLING CAMP



## JUNE 21 - 23, 2010

### FEATURING

DAVISON HS HEAD COACH

## ROY HALL

CENTRAL MICHIGAN ASSISTANT COACH

## MARK DISALVO

FORMER GVSU HEAD COACH

## DAVE MILLS

WILLIAMSTON HIGH SCHOOL  
3939 VANNETER RD.  
WILLIAMSTON, MI 48895

517.775.1999 - COACH PAT WEBER  
WEBERP@GOWCS.NET

**Hornet Technique Camp**  
**Williamston High School ~ June 21 -23, 2010**  
**Registration Form**

Name \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Shirt Size \_\_\_\_\_

Age Group: Youth (Entering Grades 4 - 6) \_\_\_\_\_

Prep (Entering Grades 7 - 12) \_\_\_\_\_

Emergency Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Secondary Contact - Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical concerns, if any \_\_\_\_\_

I, \_\_\_\_\_ am the parent/guardian of the camper named above. By signing below I hereby give my permission for the Williamston High School Hornet Wrestling Camp to provide for any needed medical treatment for my son/daughter while he/she is attending sports camp. I specifically give my permission for necessary emergency care to be given to \_\_\_\_\_ (name of camper) by NIESA EMS and/or any other medical treatment providers. I attest that my son/daughter had a physical within the last 12 months and the physical disclosed no medical conditions, other than those listed on this waiver, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Williamston Community Schools, its School Board, students, employees and clinicians from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the school's employees. Williamston Community Schools are not responsible for lost or stolen property.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Enclosed \$ \_\_\_\_\_ Team Affiliation \_\_\_\_\_

CUT HERE \_\_\_\_\_ CUT HERE \_\_\_\_\_

Camp cost includes: 3 Clinic Technique Sessions\*, 3 Live Wrestling Session, 3 Lunches & a Camp T-shirt

\* Clinicians Subject to Change

Registration - \$125.00

Team Registration Special (by June 1) - \$100.00

Mail signed form and check to:

For more information:

Pat Weber

www.WilliamstonWrestling.com

c/o Williamston High School

RE: Wrestling Camp

Email: [weberp@gowcs.net](mailto:weberp@gowcs.net)

3939 Vanneter Rd.

Williamston, MI 48895

Phone: 517.775.1999