

About the camp: The camp will concentrate on instruction and drilling for beginning to advanced wrestlers. It will cover techniques and drills from the feet, top, and bottom positions, and also some live wrestling. Camp participants will learn in a fun atmosphere under the direction of our experienced staff. The clinic is intended for wrestlers, ranging from 5th graders to seniors in high school.

**Place: Marriotts Ridge High School
12100 Woodford Rd
Marriottsville, MD 21104**

When: July 23-25, 2007
(Monday-Wednesday)

Time: 2 sessions a day: 9:00am-12:00pm
1:00pm-3:00pm

Fees & Registration: (Prior to July 9)

\$120 for Grades 5th through 12th
(Morning and afternoon sessions)

* Experienced 3rd & 4th graders may, at the discretion of the camp director, attend the camp.

After July 9 Fee: \$130

To enroll, a parent or guardian should complete the **registration form** and send it along with **full payment** to:

**College Park Wrestling Club
C/o Jason Conley
7304 Falling Leaves Ct
Marriottsville Md, 21104**

Note: We reserve the right to refund the deposit in the event that camp enrollment cannot support the cost of the facility and clinicians. We will determine this by July 16, 2007.

Clinicians:

Todd Beckerman:

2x NCAA All-American from the University of Nebraska, Male Athlete of the Year for the University of Nebraska, First ever 4x National Prep Champion for DeMatha High School, High School career record 208-1, and current University of Maryland Assistant Wrestling Coach.

Brad Dillon:

2x NCAA All-American from Lehigh University-2003 & 2004, 2x EIWA Champion, Current University of Maryland Assistant Coach

*Other highly talented Maryland Terrapin wrestler/clinicians may be at the camp depending on their availability.

For questions about the camp, please call Jason Conley @ 443-745-0588 email him at: jconley@hcpss.org

PLEASE SEND THIS PORTION OF THE CAMP FORM WITH THE FEE!

Camper's Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Cell phone number: _____

Phone: day _____

night _____

Email address: _____

School: _____

Grade: _____ Age: _____

Date of Birth: _____

T-Shirt Size: _____

Confirmation:

Please make the check or money order payable to **College Park Wrestling Club**. Your cancelled check or a receipt from your money order is your confirmation. Refunds are decided at the discretion of camp coordinator.

Medical Treatment Authorization:

I hereby authorize the clinical staff of the local emergency medical responders to provide care and medical treatment as necessary to my son/daughter _____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for clinicians and staff at Marriotts Ridge High School to arrange necessary emergency treatments.

Each participant must have had a physical checkup by a certified physician within the past year. My son/daughter has had a physical within the last year and has been declared healthy and able to participate in clinic activities.

Signature of Parent/Guardian:

Emergency contact:

Phone: _____

Pediatrician or Family Doctor:

Phone: _____

Signature of Parent/Guardian:

Date: _____

RELEASE:

I, the undersigned, individually and as a parent(s) and or guardian(s) of _____, a minor, ask that he/she be admitted to participate in this sports camp sponsored by the Minds In Motion All-American Wrestling Clinicians and Marriotts Ridge Wrestling. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the Minds In Motion All-American Wrestling Clinicians, Marriotts Ridge Wrestling, Marriotts Ridge High School, Marriotts Ridge High School officers, agents, employees of and from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance and participation at this sports camp or in the course of competition and/or activities held in connection with the sport camp.

Signature of Parent/Guardian:

Date: _____

INSURANCE INFORMATION:

Insurance company:

Insurance address:

Insurance phone: _____

Policyholder's name: _____

Policy number: _____ Group number: _____

Minds In Motion All-American Wrestling Camp

Marriotts Ridge High School
Marriottsville, Maryland



*July 23-25
2007*

Check out the camp at:

www.terpswrestling.com