



WESLEYAN WRESTLING *COLLEGIATE CLINIC*

SUNDAY, OCTOBER 18TH 2009

The Day Clinic:

- Wrestlers **preferred** to be entering **grades 12 or 11 in the fall of 2009**
- You will experience firsthand what we do at Wesleyan and how our coaches work with the wrestlers
- Come and see, learn, and experience what it takes to be successful on the mat, more specifically what it takes to be successful at the next level
- Training will include the skills, drills, techniques, & wrestling situations needed to reach your next level of wrestling, specifically at the college level

What you will gain:

- A unique experience of what it's like as a wrestler at the collegiate level in practice
- An opportunity to learn, train, practice, compete, and showcase your abilities on the mat
- A chance to train and learn with other top high school wrestlers from around the country who plan to continue at the college level
- An opportunity to be coached by the Wesleyan University Coaching staff and current college wrestlers on the Wesleyan Team
- Leave with great insight, knowledge, and experience of what it takes to be a successful wrestler at the collegiate level

The specifics:

- Camp cost: \$60 (Registration form with \$60 due by October 15th)
- Registration 9:30am-10:45am
- 11am – 2pm
- Campus tour for anyone interested following the clinic

Preparation



Hard Work Smart Work *AS A COLLEGE WRESTLER!*

Contact:

Drew Black
Head Wrestling Coach
(860) 685-2907
dblack@wesleyan.edu

Wesleyan University
161 Cross Street
Middletown, CT 06459

<http://www.wesleyan.edu/athletics/wrestling>

**2009 WESLEYAN WRESTLING
COLLEGIATE CLINIC**
Sunday, October 18th

To register please complete this form and medical release below and mail with full fee by October 15^h to:

**Wesleyan Wrestling
Head Coach-Drew Black
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459**

Please make all checks payable to Drew Black

Name: _____

Age: _____

Address: _____ City, State, Zip _____

E-mail: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Graduation Date: _____

School Address: _____

City, State and Zip: _____

Current Weight: _____

Weight plan on wrestling for upcoming season: _____

Amount Enclosed: \$ _____

Medical Release

I, the undersigned, individually and as a parent and/or guardian of _____, a minor, ask that he be admitted to participate in the 2009 Wesleyan Wrestling Collegiate Clinic. In consideration of such admission, I do hereby agree to release, discard, and hold harmless Wesleyan University and its 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 at the clinic or in the course of competition and/or activities held in connection with the camp.

Signature of Parent/Guardian _____ Date _____