



# WESLEYAN WRESTLING *COLLEGIATE CLINIC*

SUNDAY, SEPTEMBER 27<sup>TH</sup> 2009

## The Day Clinic:

- Wrestlers must 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 and \$30 deposit due by September 18th)
- 11am – 2pm
- Campus tour for anyone interested following the clinic

## Preparation



## Hard Work      Smart Work *AS A COLLEGE WRESTLER!*

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### Contact:

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

Wesleyan University  
161 Cross Street  
Middletown, CT 06459

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

**2009 WESLEYAN WRESTLING  
COLLEGIATE CLINIC**  
Sunday, September 27<sup>th</sup>

To register please complete this form and medical release below and mail with \$30 deposit by September 18th 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: \$ \_\_\_\_\_

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**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 \_\_\_\_\_