

Marysville Wrestling Fall Weekly Technique Sessions Featuring MHS Alumni Clinicians

When: Tuesdays and Thursdays

September 9th -November 9th

Time: 6-7:30pm

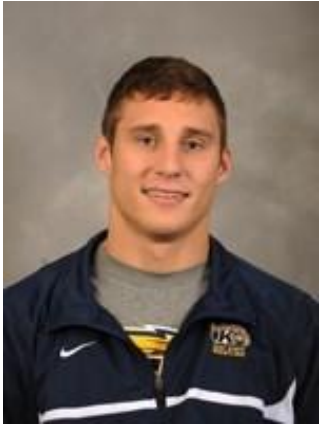

Where: Marysville HS Wrestling Room (near entrance F)

800 Amrine Mill Rd

Marysville OH 43040

Cost: \$100 for 18 sessions (\$5.50 per session)



<u>Caleb Marsh</u>	<u>Taleb Rahmani</u>	<u>Additional MHS Coaches</u>
 2010 Marysville Graduate 4x State Qualifier 3x State Placer NCAA Qualifier for Kent State	 2015 Marysville Graduate 4x State placer 2015 State Champion 4x NCAA Qualifier for Pitt	Shawn Andrews Nate Andrews Austin Pfarr Tim Crane Curtis Thompson Terri Waller Derek Sharp Ethan Smegal Steve Scherer James Stodart

Wrestlers Name _____ Grade _____ Age _____ Weight _____

Address _____ Home School _____

Parent/Guardian Name _____ E-Mail _____

Accepted form of payment

Cash, Check made payable to POWER, Venmo and Credit Card Reader will be available on site.

(3% CC fee applied for CC purchase)

We, the undersigned, understand that this camp is not a school activity. In addition, we hereby state that we are aware that participation in all sports requires an acceptance of risk of possible injury. In giving our consent for our son/daughter to participate, we are aware that the risk of injury may be severe including fractures, brain injuries, paralysis, or other severe complications. Additionally, we agree not to hold the Marysville Exempted School District liable for any injury incurred by our son/daughter while in attendance at camp.

In case of an emergency, and you cannot be reached, whom should we contact?

Name _____ Phone # _____

Are there any health problems that we should be aware of?

Family Doctor _____ Phone # _____

Preferred Hospital if required _____

I _____ mother/father/guardian _____
(Parent/guardian's name) (Student's name)

give permission for the instructors at the Wrestling Camp to obtain any necessary medical, vision, or dental care for my child. This permission is for Sept 11th - Nov 9th inclusive. The camp sponsors do not provide medical or dental insurance for students injured in camp activities. We, the undersigned, do have insurance or accept full payment responsibility for any and all medical and/or dental expenses resulting from any injury which he/she may suffer while taking part in camp.

Parent/Guardian Signature _____ Date _____