Premier Technique Wrestling Camps

FEATURING

OHIO STATE HEAD WRESTLING COACH

Tom Ryan

2X NCAA ALL AMERICAN (University of Iowa)
2009 NCAA DIV-I NATIONAL COACH OF THE YEAR

OSU Head Wrestling Coach Tom Ryan will be working at the Premier Technique Wrestling Day Camp on Tuesday, June 24 from 10:00am to 3:00pm at Sylvania Southview High School (7225 Sylvania Ave., Sylvania, Ohio 43560). Enter in the rear of the school by the tennis courts. More info at www.SouthviewCougars.org

Come see why Coach Ryan is considered to be one of the best wrestling coaches in the nation. *Cost: \$45.00/wrestler*. Wrestlers bring a lunch, as a break will be taken around 12:30.

This is not just an "appearance" by Coach Ryan! Coach will be present the entire time, running the entire day. **All ages welcome**, as Coach Ryan tailors the instruction to the level of campers individually—more fundamental, needed concepts for the younger wrestlers, and more advance concepts for the more experienced ones. Technique, Drilling, and Live Wrestling are all components of this successful camp now in its 7th year.

At-the-door registration is allowed. However, to secure a spot, send signed form and payment in asap!

Come learn from one of the best coaches in the nation: Ohio State's Tom Ryan!

*= Make checks out to Premier Technique Wrestling and send to:

Paul Ruiz 2908 Gradwohl Rd. Toledo, OH 43617

Questions? Call Paul Ruiz (419-340-1452) or Nick Corey (513-484-7575).

More info at: www.SouthviewCougars.org

Premier Technique Camps With OSU Head Coach Tom Ryan

The undersigned, on behalf of		a minor	whose birthday is
, and for v	whom the undersigned i	is the natural or legal g	uardian, hereby
releases the Premier Technique Wres	stling organization, its a	administrators, coaches,	and employees,
from any and all liability of whatever	nature relating to or ir	n any manner arising ou	t of the use of
such minor of the Sylvania Southview			
agrees to indemnify and hold harmle		·	
Southview HS, its administrators, en	•		
		-	
including, but not limited to, attorne			
them by the minor named above. Th		-	•
personal representatives, heirs, and	assigns of the undersig	ined and of the minor na	amed above.
I acknowledge that I have read the f	oregoing paragraph, th	at I understand it, that	I have the option
to have it reviewed by legal counsel			·
x			
Printed name of Parent/Guardian Da	te		
x			
x Signature of Parent/Guardian Date fa	acilities		•
Name of Wrestler:		Age:	
Address:			
City:	State:	Zip Code:	
Phone Number:	School:		
Emangang, Contact Name 0 Disease A	lumban		
Emergency Contact Name & Phone N	Jumber		
X			