



2017 WARRIOR WRESTLING CLINIC

Purpose: Provide a comprehensive system of sound techniques that are proven to work at the highest level. Focusing on fundamentals of position, motion, and the importance of proper set ups, shots, and finishes.

Ages: Ages 6 and UP: 2 groups Beginner thru advanced

When: June 6, 7, & 8 Tuesday- Wednesday- Thursday

Registration: email info to george.kirgan@gcsd9.net or Call 618 580 0249 to reserve spot. Limited space! We limit to 20 per Group for ideal coach to wrestler ratio.

Time: 10:30AM- Noon & 1PM-3PM

Where: Granite City High School Annex Gym and Wrestling Room

COST: \$25- for 6 total Sessions! (T shirts available for purchase)

What to bring: lunch, shorts, t-shirt, and wrestling shoes.

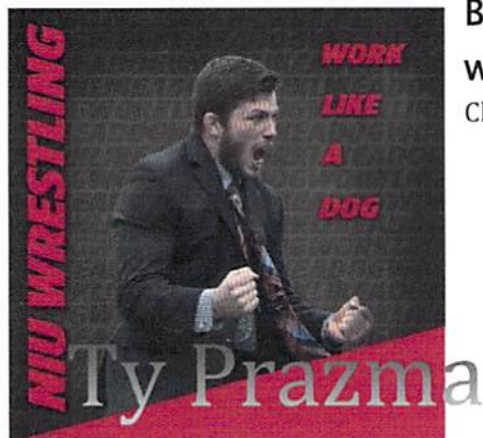
Compete in the GC Summer Folkstyle Open the Friday after the clinic!

Parents are welcome to stay and watch

Questions: Call George @618 580- 0249:george.kirgan@gcsd9.net

Beginner and experienced wrestlers are encouraged and welcome!

Clinicians: Ty Prazma -Northern Illinois University Coach



John Venne IHSA State Champ NAIA All American Assistant GCHS Coach IWCOA Asst. Coach of Year finalist	Mike Dowdy Head Technician Granite City WA Voted Best Kids Coach Illinois College Wrestler Junior National Qualifier	George Kirgan IHSA 2X All State 5 X Junior-Cadet FS/G AA University Greco AA 10X Fs /Gr State Champ
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2017 Granite City Warrior Wrestling Clinic June 6-8 WAIVER

1 per wrestler:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Age: _____ yrs. old Birth date: ____/____/____

In consideration of acceptance of this entry, and intending to be legally bound, I hereby waive and release the Granite City School District, their members and their agents from any claims or rights to damages for injuries and or losses suffered by me or above mentioned participants involved directly or indirectly to this tournament. I am in physical condition to handle the demands of the sport of wrestling and have my medical physical from a licensed doctor. I also understand that I am responsible for my own insurance.

17 under Parent/Guardian Signature: _____ Date: _____

If Age 18 or Over Signature _____ Date: _____

2017 Granite City Warrior Wrestling Clinic June 6-8 WAIVER

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Name: _____

Address: _____ City: _____ State: _____ Zip: _____

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