

2nd Annual Wrestling Clinic @ West Chester University



• July 18-22, 2010 • 9 a.m. to 3 p.m. Daily

Please pass this on to any current coaches you know that would be interested in an outstanding technique camp while supporting the West Chester University Wrestling Club.

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|--|--|--|--|--|--|
| Cost: | \$75 per wrestler for the week if registered and paid by July 15 th - Commuter Camp ONLY <i>Applications will be accepted after July 15th and at the door for \$100 per wrestler "SPACE PERMITTING"</i> | | | | |
| Dates: | Monday, July 18 through Friday, July 22, 2011. 9am-3pm daily | | | | |
| What to Bring: | All campers should bring: <i>packed lunch, water bottle, extra t-shirts, shorts, towel, wrestling shoes, spending money for lunch if necessary.</i> | | | | |
| Location: | Sturzebecker Health Sciences Center, Main Gym - West Chester University | | | | |
| Format: | The clinic is open to wrestlers of all levels (beginner, intermediate and advance) from grades 1-8 and high school (You cannot have graduated from high school). The campers will be separated by age and skill level so each camper learns at their appropriate level. The clinic will feature an elite group of coaches with a proven history of successful coaching at all levels. We will have a small "camper to coach" ratio so each wrestler receives proper attention. The camp format will be designed so the campers learn and have fun using a blend of instruction, innovative drills to learn technique, games/activities (for novice and young wrestlers) and the right amount of live wrestling | | | | |
| Parents/Coaches: | Parents and coaches are welcome to attend the camp | | | | |
| Financial Benefits: | All profits from the clinic benefit the West Chester University Club Wrestling program. Our goal is to position the WCU wrestling program to play a vital role in developing high school, middle school and elementary school teachers and coaches in the mid-Atlantic area. | | | | |
| 2 | 2 nd Annual Brute Wrestling Clinic Staff | | | | |
| Clinic Director: Clinic Staff/Clinicians: | <i>Jeff Bowyer</i> , Director of Sports Marketing and Events for Brute Wrestling Former West Chester University Wresters and Coaches have volunteered to donate their time for this event to raise funds annually for the West Chester Wrestling Program Operational Expenses. <i>Below is a list of past clinicians and many of which will be in attendance for 2011.</i> <i>RED INDICATES WEST CHESTER WRESTLING ALUMNI</i> | | | | |
| Dale Bonsall: | Former Assistant & Head Coach, West Chester University & Team Fox Catcher Coach | | | | |
| Steve Powell: | Head Coach, Easton High School | | | | |
| Bill Racich: Alray Johnson: | Head Coach, Ursinus College and NCAA All-American West Chester Standout, Olympic Alternate, NCAA All American & Former Downingtown Coach | | | | |
| Mike Moyer: | Former George Mason University Head Coach, West Chester Alumni | | | | |
| John Licata: | Former Assistant Coach @ James Madison University, Assistant Coach @ Westfield HS in Va. | | | | |
| Joe Miller: | Current Head Coach, West Chester University & NCAA All American | | | | |
| Roger Sanders: | NCAA Champion, Former Bloomsburg Head Coach | | | | |
| Jeff Bowyer: | Former Head Coach, James Madison University | | | | |
| Ricky Bonomo: | 3x NCAA Division I Champion | | | | |
| Dan Mayo: Tom Sculley: | NCAA Runner-up NCAA Champion, Lehigh University | | | | |
| i om Juney. | Norma onampion, demen oniversity | | | | |

For more information, please contact Jeff Bowyer at <u>jpbowyer@hensongroupsports.com</u> or 610-401-8995

REGISTRATION FORM

| *************************************** | | | | | | |
|---|----------------|------|--------------------|---------------------|--|--|
| Wrestler's Last Name | First Name | Age | Grade in fall 2011 | Years of Experience | | |
| Parents Name | Street Address | City | State | Zip | | |
| Home Phone | Cell Phone | | Email | | | |
| () Family Physician | () | | Physician Phone | | | |
| | | | () | | | |

I hereby state that my child is in good, normal health and has my permission to participate in all activities. In addition, I authorize the Brute Wrestling Clinic Staff to act for my child in the event of an injury or illness. Registration requires a parent/legal guardian to sign below agreeing that in case of an accident involving their child while attending the Brute Wrestling Clinic, they release the Camp, Sponsor, Counselors and Director from any and all liability.

| Name of Parent / Legal Gu | ardian (Please Print) | Signature of Parent / Legal Guardian | | | Date | |
|--|--------------------------------|--|--|--|---|--|
| ****** | ***** | ***** | ***** | ***** | ****** | |
| PLEASE CHECK ONE OPTION: | | | | | | |
| Camp - \$75, Applications postmarked pri | | ior to July 15 th | Camp - \$1 | Camp - \$100, Applications after July 15 th | | |
| | Camp & Daily Lun | ch Provided - \$125 | available with Early Registra | tion ONLY) | | |
| ****** | ****** | ***** | ***** | ******* | ***** | |
| | EMERG | ENCY CONTACT | INFORMATION | | | |
| Child's Name | Emergency Contac | ct Relationship | o to Child | Cel | Cell Phone | |
| | | | | (|) | |
| List any Special Medical Cond | itions/Allergies or Medication | ns: | | | | |
| ******* | | ****************** ГН INSURANCE II | ************************************** | ***** | *************************************** | |
| Insurance Company | Policy N | | Group Number | | ID Number | |
| ****** | ****** | **** | ***** | **** | ******** | |
| | Please mak | e checks payable t | o: R.E.A.C.H.E.S. | | | |
| | | lail application and Brute Wrestling Jeff Bowye 8 Corporate E Sinking Spring, PA | g Camp r Blvd. | | | |
| ***** | ***** | ***** | **** | ***** | ***** | |
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