

REGISTRATION FORM

2009 Choose Top Leg Camp #20

The ability to use your legs from the top position to control your opponent is one of the ultimate equalizers in scholastic wrestling. This camp is designed to teach you to stay in good position, score, pin, and defend legs.

When: July 23, 24, 25 2009

Where: Skyline High School
151 Skyline Vista Dr.
Front Royal, VA 22630

Schedule:

6:00 PM – 8:00 PM

Thursday, July 23rd

Session 1: Position and Basic Scoring

Friday, July 24th

Session 2: Advanced Scoring and Crab Ride

Saturday, July 25th

Session 3: Leg Defense and Leg Tricks

Who: Middle and High School wrestlers with least two years experience. Camp is not intended for beginning wrestlers.

Cost: **\$70**

Sign up for the Complete Wrestler Series and Save **\$50**.
Go to www.choosetop.com to register for all 3 camps.

Instructor: Coach Matt Keel Head Wrestling Coach – Skyline High School

Contact: 540-303-1280
Email: coachkeel@choosetop.com

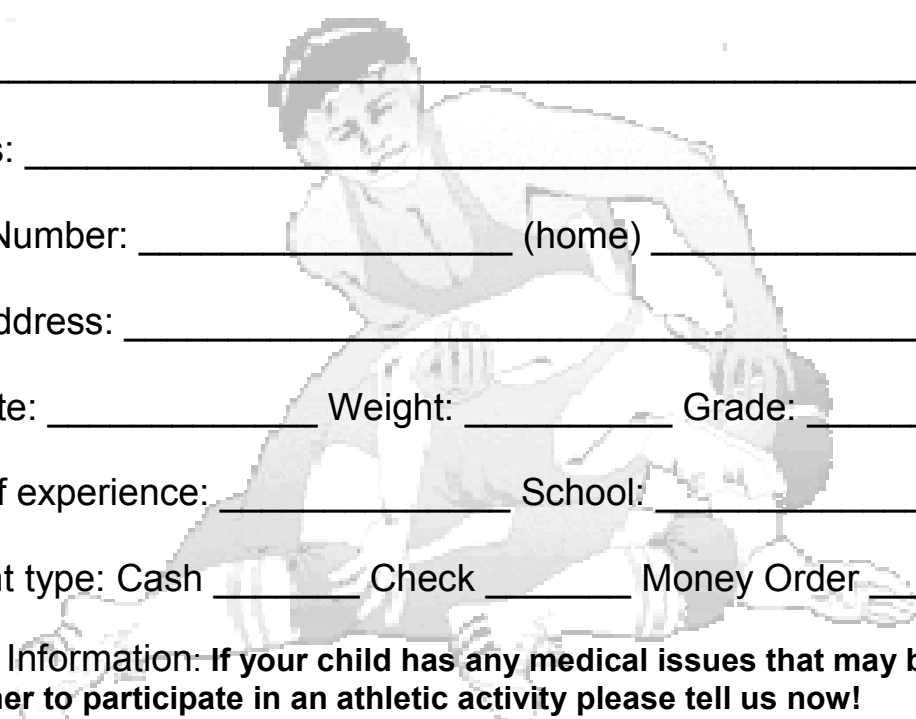
Send Cash, Check, or Money Order to:
Matt Keel – 163 Park Way – Front Royal, VA 22630
Make Checks Payable to: Matt Keel

Registration on Back

REGISTRATION FORM

Choose Top Leg Camp

Registration Form



Name: _____

Address: _____

Phone Number: _____ (home) _____ (work)

Email address: _____

Birth date: _____ Weight: _____ Grade: _____

Years of experience: _____ School: _____

Payment type: Cash _____ Check _____ Money Order _____

Medical Information: If your child has any medical issues that may be a problem for him/her to participate in an athletic activity please tell us now!

Consent to Participate Form

I give permission for _____ to wrestle in the Choose Top Leg Camp. I hereby release those involved with the camp, agents of the school, or representatives from any responsibilities or liability for injury or accident, lost property, or stolen property that may happen during my child(s) participation in this wrestling camp. I will notify staff members of any illness or health problem that may affect my child(s) ability to participate. I know only a medical doctor can approve of my child(s) health to participate in this type of activity.

Parent signature: _____ Date: _____

Wrestler's signature: _____ Date: _____