



The Columbus Wrestling Club is proud to sponsor The Beat the Streets – Columbus wrestling camp. This is a great opportunity to learn new technique and get quality mat time during this off season! Our highly skilled staff will teach setups, takedowns, break downs, riding, and pinning combinations. The main focus and goal of this clinic is to teach solid wrestling techniques. This is an excellent opportunity to receive personalized instruction and motivation to attain your goals.

Clinic Schedule

Walk-in registration.....9:00AM
 Session I.....9:30 AM - 11:30AM
 Lunch.....11:30 - 12:00PM
 Inspirational Talk.....12:00PM - 12:30PM
 Session II12:30PM - 2:30PM
 Water Break.....2:30 PM - 3:00PM
 Session III3:00 PM - 5:00 PM
 Camp End..... 5:00PM

"The boy who is going to make a great man must not make up his mind merely to overcome a thousand obstacles, but to win in spite of a thousand repulses and defeats."

~Theodore Roosevelt



**COLUMBUS
 WRESTLING CLINIC**

April 4th, 2009

FEATURING:

**JD BERGMAN 3X NCAA ALL-AMERICAN
 SHAWN BUNCH 2X NCAA ALL- AMERICAN**



LINDEN RECREATION CENTER

**1254 BRIARWOOD AVE
 COLUMBUS OHIO 43211
 614 645-3067**

**FOR MORE INFO CONTACT:
 BRIAN CHURCH – 614 496-6369**



Columbus Wrestling Club 2009 Beat the Streets Wrestling Clinic Registration/Waiver Form

Wrestler Info

Name: _____ T-Shirt Size _____
Address: _____ City: _____
State: _____ Zip: _____ Date of Birth (MM/DD/YYYY): ____/____/____
Age: _____ School: _____ Approx. Weight _____
Home Phone: (____) _____
Email Address: _____

Emergency Contact Info

Legal Guardian Name: _____ Work #: _____
Home #: _____ Cell #: _____
Primary Insurance Co.: _____ Policy #: _____

Waiver

I, the parent/guardian of the candidate for the April 4th Beat the Streets Wrestling Clinic, hereby give approval of his/her participation in any and all clinic activities. I assume all risks and hazards incidental to such participation, including transportation to and from the clinic. I hereby release, waive, absolve, indemnify and hold harmless the Columbus Recreation and Parks, The Columbus Wrestling Club Inc., the organizers, supervisors, participants, and persons transporting or coaching the participant of all liability for injuries incurred while participating in the wrestling clinic.

I also grant permission to managing personnel or other clinic representative to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the participant become ill or injured while neither parent is available to grant authorization for emergency treatment.

Parent Signature: _____ Date: ____/____/____