

CLEAR CREEK AMANA PRE-SEASON WRESTLING CAMP (OPEN TO ALL WRESTLERS 1ST-12TH)

JULY 22ND-24TH
CLEAR CREEK AMANA HIGH SCHOOL
551 W. Marengo Road Tiffin, IA 52340

FEATURING CAMP COUNSELORS



**Nelson
Brands**



**Willie
Miklus**



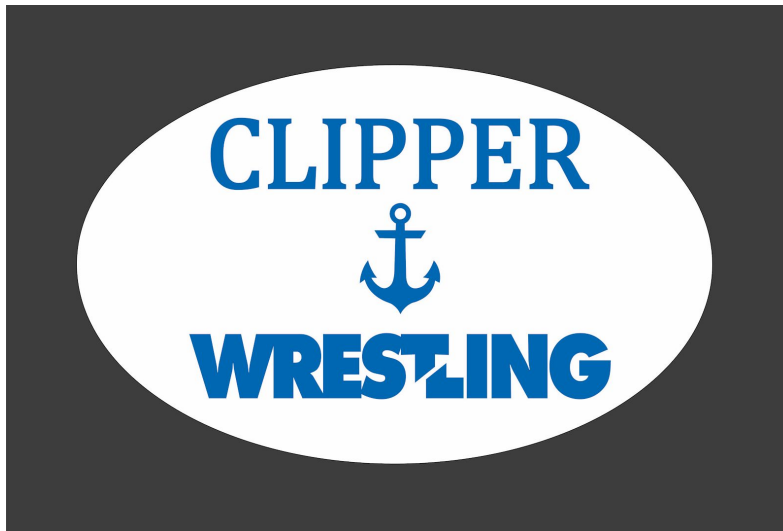
**Max
Thomsen**

Camp Schedule JULY 22ND-24TH
8a-9a-CHECK IN SESSION 1 (Day 1 only)
9.15a-10.30a-SESSION 1
10a-10.30a-CHECK IN SESSION 2 (Day 1 only)
10.45a-12p-SESSION 2

WRESTLING ROOM DOORS WILL BE OPEN ALL THREE DAYS AT 8A. FOR YOUTH WRESTLERS, WE WOULD LIKE FOR A PARENT OR COACH TO BE PRESENT FOR CHECK IN. AFTER THE FIRST DAY YOU ARE WELCOME TO STAY AND WATCH CAMP OR DROP OFF YOUR WRESTLER.

GOAL: We are offering this preseason camp to get a jump on the 2019-2020 folkstyle wrestling season. During this camp we will be focusing on practicing technique, conditioning, and motivation. Parents/Coaches are welcome to stay during the camp.

ANY QUESTIONS OR CONCERNS FEEL FREE TO EMAIL: ccawrestlingclub@gmail.com



Wrestlers Name: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Email: _____ Grade 2019-20: _____

School/Wrestling Club _____

REGISTRATION FORMS NEED TO BE POSTMARKED BY JULY 12TH. REGISTRATION AT THE DOOR WILL BE ACCEPTED UNLESS WE HAVE REACHED MAXED NUMBER OF WRESTLERS. GET FORMS IN SOON!

REGISTRATION INCLUDES A T-SHIRT: Please circle t-shirt size: YS YM YL AS AM AL XL XXL

Session 1: 1st-5th grade \$60 _____

Session 2: 6th-12th grade \$60 _____

**SIBLING DISCOUNT-SECOND SIBLING \$50-THIRD SIBLING \$40 (FORMS MUST BE SENT IN TOGETHER)
GROUP DISCOUNTS FOR TEAMS OF 10 OR MORE--\$50 PER WRESTLER (FORMS MUST BE SENT IN TOGETHER)**

MAKE CHECKS PAYABLE TO: Clipper Wrestling Club

MAIL ENTRY FORMS TO: Clipper Wrestling Club, PO BOX 511, Tiffin, IA 52340

I certify that my child has been cleared by a physician and hereby grant my permission for my child to participate in any and all activities at the CCA Youth Wrestling Camp. I further waive any legal action against the CCA Youth Wrestling Camp and its technicians, CCA Youth Wrestling Club or any of their coaches/representatives and Clear Creek Amana School District and its employees for injuries my child may incur. I also grant permission to CCA Youth Wrestling Club to use photos/videos for promotional purposes.

Parents Name (printed) _____ Date _____

Parents Signature _____ Emerg Contact # _____

Medical Concerns/Allergies _____