



# 2019 Knights Wrestling Club Summer Camp



**Make checks payable to:** Knights Wrestling Club  
**Mail form & checks to:**

Knights Wrestling Club  
501 Locust Street  
La Porte City, IA 50651

**Location:** Union High School / 200 Adams St. / La Porte City, Iowa

**Date:** Sunday evening, June 30<sup>th</sup>, 2019

**Fee:** \$25.00, 2<sup>nd</sup> sibling \$20 (includes custom camp bag)

**Grades:** K-3<sup>rd</sup>, 4-6<sup>th</sup>, 7-12th groups

**Check-in Time:** Between 5-5:50 p.m.

**Wrestling times:** 6-8 p.m.

**Contact:** Bart Mehlert / 501 Locust St / La Porte City, IA 50651 / 319-231-3298 / bart\_personified@hotmail.com

### Camp Technicians:



**Max Thomsen**  
UNI Panther  
NCAA 5<sup>th</sup> place  
4 x State Champ

**Jacob Holschlag**  
UNI Panther  
NCAA 5<sup>th</sup> place  
2 x State Champ

**Logan Thomsen**  
Wartburg Knight  
2x NCAA Runner-up  
State Champ

**Trevor McLaughlin**  
Wartburg Knight  
State Medalist

**Derek Holschlag**  
UNI Panther  
State Medalist

### Camp Bag



Mail below:-----

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Grade Entering:** \_\_\_\_\_

**Wrestling Club:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Approx. Weight:** \_\_\_\_\_

\_\_\_\_\_ has my permission to compete in the Knights Wrestling Club Summer Camp. I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Knights Wrestling Club, Union Community Schools, and all affiliated organizations or sponsors. Recognizing the possibility of physical injury associated with wrestling and in consideration for the Knights Wrestling Club accepting the registrant for participation in the Knights Wrestling Club Summer Camp, I hereby release, discharge, and/ or otherwise indemnify Knights Wrestling Club, Union Community Schools, all affiliated organization and sponsors, their employees, volunteers, and associated personnel, including the owners of the equipment and facilities utilized against any claim by or on behalf of the registrant as a result of the registrant's participation in the Knights Wrestling Club Summer Camp.

**I fully understand that no insurance is provided and verify that the above information is correct.**

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date