



WESLEYAN WRESTLING

COLLEGIATE CLINIC

SUNDAY, SEPTEMBER 27, 2009

The Day Clinic:

- Wrestlers must be entering **grades 12 or 11 in the fall of 2009**
- You will experience firsthand what we do at Wesleyan and how our coaches work with the wrestlers
- Come and see, learn, and experience what it takes to be successful on the mat, more specifically what it takes to be successful at the next level
- Training will include the skills, drills, techniques, & wrestling situations needed to reach your next level of wrestling, specifically at the college level

What you will gain:

- A unique experience of what it is like as a wrestler at the collegiate level in practice
- An opportunity to learn, train, practice, compete and showcase your abilities on the mat
- A chance to train and learn with other top high school wrestlers from around the country who plan to continue at the college level
- An opportunity to be coached by the Wesleyan University coaching staff and current college wrestlers on the Wesleyan team
- Leave with great insight, knowledge, and experience of what it takes to be a successful wrestler at the collegiate level

The specifics:

- Camp cost: \$60 (Registration and \$30 deposit due by September 18th)
- 11am – 2pm
- Campus tour for anyone interested following the clinic

Preparation

Hard Work Smart Work
AS A COLLEGE WRESTLER!



Contact:

Drew Black
Head Wrestling Coach
(860) 685-2907

Wesleyan University
161 Cross Street
Middletown, CT 06459

dblack@wesleyan.edu

2009 WESLEYAN WRESTLING

<http://www.wesleyan.edu/athletics/wrestling>

COLLEGIATE CLINIC
Sunday, September 27th

To register please complete this form and medical release below and mail with \$30 deposit by September 18th to:

**Wesleyan Wrestling
Head Coach-Drew Black
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459**

Please make all checks payable to Drew Black

Name: _____

Address: _____ City, State, Zip _____

E-mail: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Graduation Date: _____

School Address: _____

City, State and Zip: _____

Current Weight: _____ Age: _____ Birth Date: _____

Weight plan on wrestling for upcoming season: _____

Amount Enclosed: \$ _____

Medical Release

I, the undersigned, individually and as a parent and/or guardian of _____, a minor, ask that he be admitted to participate in the 2009 Wesleyan Wrestling Collegiate Clinic. In consideration of such admission, I do hereby agree to release, discard, and hold harmless Wesleyan University and its employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the clinic or in the course of competition and/or activities held in connection with the camp.

Signature of Parent/Guardian _____ Date _____