Boot Camp Wrestling Clinic

Motivated — Fall Clinic — October 9 – 10, 2009 — Inspired

Date: *October 9 – 10, 2009*

Location: *MICDS (Middle School South Gym)*
101 North Warson Road,
St. Louis, MO 63124

Directions:

From the North
Highway 270 S to Olive Rd. East.
Right at Warson Rd. MICDS is about 1 mile down on the right side of Warson.

From the South
Hwy 270 to Ladue Rd. East.
MICDS is on your Left.

From the East or West
Hwy 40 to Lindbergh Blvd. North.
Right on Ladue Rd. MICDS is on your Left.

Who: *All wrestlers, 3rd Grade thru High School*

World-class Clinician

Dan Russell
BATTLE GROUND

-2004 US Olympic Coach
-3x World Cup Coach
-Olympic Solidarity Instructor
-USA National Coaching Staff
-1999 Pan-Am Games Coach
-1995 Un-official Champion of the World
-4x NCAA Champion
-4x Academic All-American
-4x Undefeated State Champion

- World-class instruction at an affordable cost.
- Live wrestling, conditioning, and comprehensive coverage of techniques.

You will be motivated for the upcoming season*

SESSIONS:

Friday, October 9
5:00 - 5:30 pm – Registration
5:30 – 8:00 pm – Session 1

Saturday, October 10
9:00 – 9:30 am – Obstacle Course
9:30 – 11:30 – Session 2
11:30 – 12:30 pm – Lunch on your own
12:30 – 3:00 pm – Session 3
3:00 – 4:00 pm – Combat Wrestling & Combative Games

Cost

Early Registration: $45.
(October 2, 2009)
At the Door: $65
Team Discounts
10 or more - $40 each
Family Discount
First wrestler regular price
Additional sibling: $25

Only $35 if you attended the summer clinic this year

Registration Form:

To register for the Boot Camp Wrestling Clinic, complete the registration form below, and send it, and your payment, to Dwight Griffin, 4 Great Lakes, St. Peters, MO 6337. **Please make checks payable to Dwight Griffin**

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

School: _____

Grade Entering: _____ Age: _____ Weight: _____

Parent/Guardian: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact: _____

Contact Phone: _____

The above named parent(s) or legal guardian(s) releases the Boot Camp Wrestling Clinic, Mary Institute and Saint Louis Country Day School, as well as its clinicians, officers, agents, and representatives from any damages I/we might have for loss or injury arising out of the participation in the Boot Camp Wrestling Clinic activities.

I herby request that my child or ward be admitted to the Boot Camp Wrestling Clinic. I authorize the staff to act for me, according to their best judgment, in an emergency. I will hold harmless, and release the staff, the clinic, and Mary Institute and Saint Louis Country Day School. from any and all liability related to injuries or the death of my child or ward. I understand that my insurance coverage is primary and any coverage provided by the clinic will be specifically applicable on an excess basis only.

X _____
Parent/Guardian Signature **Date**

Drug Sensitivities _____

Other Allergies _____

Co Policy Number _____

Insurance _____

Complete and send to:
Boot Camp Wrestling Clinic
c/o Dwight Griffin
4 Great Lakes
St. Peters, MO 63376
Phone - 314-898-7662
dgriffin@bootcampwrestling.com

Make check payable to: Dwight Griffin