

2016 LAKEVIEW YOUTH WRESTLING CLINIC

Clinicians will include:

Gaylen Kamrath – Hall of Fame Coach

Jake Nichelson – State Champion wrestler and Assistant Coach at A-G

Christian Stutzman – State Placer for CHS and Hasting College wrestler

Logan Rodehorst – Lakeview Alum and current Jr. High wrestling coach

WHERE: Lakeview High School: West Gym

DATES: June 20th, 21st, 22nd

AGES: 3rd – 8th Grade (1st/2nd if experienced)

TIMES: 12:00 – 3:00 PM

***11:00 – 12:00 Lunch**

Schedule:

12:00 – 1:15 Technique Session

1:15 – 1:30 Break

1:30 – 2:30 Technique Session

2:30 – 2:45 Live Wrestling / Games

2:45 – 3:00 Words of Wisdom

COST: \$35 (includes T-shirt)

***\$30 if also doing FB camp**

***We will provide lunch for all campers that are also participating in the Lakeview Youth Football Camp. Lunch will be from 11 – 12.**

Payment: Make checks payable to **Lakeview High School**

Mail Registration to: Lakeview High School
Jeff Bargaen
3744 83rd Street
Columbus, Ne 68601

Coach Bargaen's contact info:
402-440-2039
jbgargaen@esu7.org

Name: _____ School: _____

Address: _____ Grade: _____

City: _____ State: _____ Zip: _____

Phone #: _____

T-Shirt Size: YS YM YL S M L XL XXL

The following must be signed by a parent or guardian:

We (or I) hereby request that you accept this application for enrollment of _____ in the Lakeview Wrestling Clinic on June 22nd – 24th 2015. In consideration of your acceptance of this application we will release Lakeview High School and all employees of the Lakeview Wrestling Clinic from claims on account of injuries which may be sustained by our (my) son or daughter while attending the Lakeview Wrestling Clinic. We (or I) agree to indemnify the above named of any claim which may hereafter be presented by our (or my) son or daughter as a result of such injuries.

Parent/Guardian signature: _____

Date: _____

Wrestler signature: _____

Date: _____