

2022 LAKEVIEW YOUTH WRESTLING CLINIC



AGES: 1st -8th Grade

WHERE: Lakeview HS (Use activity entrance)

WHEN: June 20th, 21st, & 22nd at 12PM – 2:00 PM

COST: \$35

*Registration includes a camp shirt and lunch for youth participating in both youth football and wrestling.

PAYMENT: Make checks payable to LYWC.

CONTACT: Jeff Barga Email: jbarga@lakeview.esu7.org

Cell phone: 402-440-2039

Schedule:

12-12:45 PM Technique Session I

12:50- 1:35PM Technique Session II

1:40-2:00 PM Wrestling Games & Challenges

Mail registration to:

Jeff Barga

3744 83rd St

Columbus, NE 68601

Camp information: This wrestling clinic is designed to give Lakeview area youth a chance to work on wrestling skills and techniques during the summer months. Lakeview high school coaches, junior high coaches, and current high school wrestlers will work together to provide a fun, safe, and engaging environment for the area youth. There will be individual challenges as well team challenges each day.

Name: _____ **School:** _____

Address: _____ **Grade:** _____

City: _____ **State:** _____ **Zip:** _____

Phone number: _____

T-Shirt Size: YS YM YL AS AM AL AXL

Signed up for Youth FB Camp: ___ Yes ___ No – I need to know how many I am feeding lunch to each day.

We (or I) hereby request that you accept this application for enrollment of _____ in the Lakeview Wrestling Clinic on June 10th, 11th, & 12th. 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 Signature: _____ **Date:** _____

Wrestler Signature: _____ **Date:** _____