

CAMP MISSION:

The Wahoo High School Wrestling team will be hosting its annual wrestling camp again this summer. The goal of this camp is to provide a fun opportunity to learn and grow for wrestlers of all ages. The camp will consist of technique, skill work, and drills, as well as games and some conditioning for older age groups.

This camp also provides an opportunity for High School wrestlers to prepare for the team camp we will be attending in later in June.

Mail Entries to :

Darold Foster

2201 Locust

Wahoo NE, 68066

For Questions please Contact

Darold Foster

+(402) 659-1193

dfoster@wahoowarriors.org

DATES:

JUNE 13TH & 14TH

AGES

Open to 2019-20 1st- 12 Graders

**2019 CLINICIANS
FROM
MORNINGSIDE
COLLEGE**

COST:

**\$40.00 per wrestler & includes :
camp T-shirt, and snack.**

LOCATION:

Wahoo High School Wrestling Room

FORM & PAYMENT

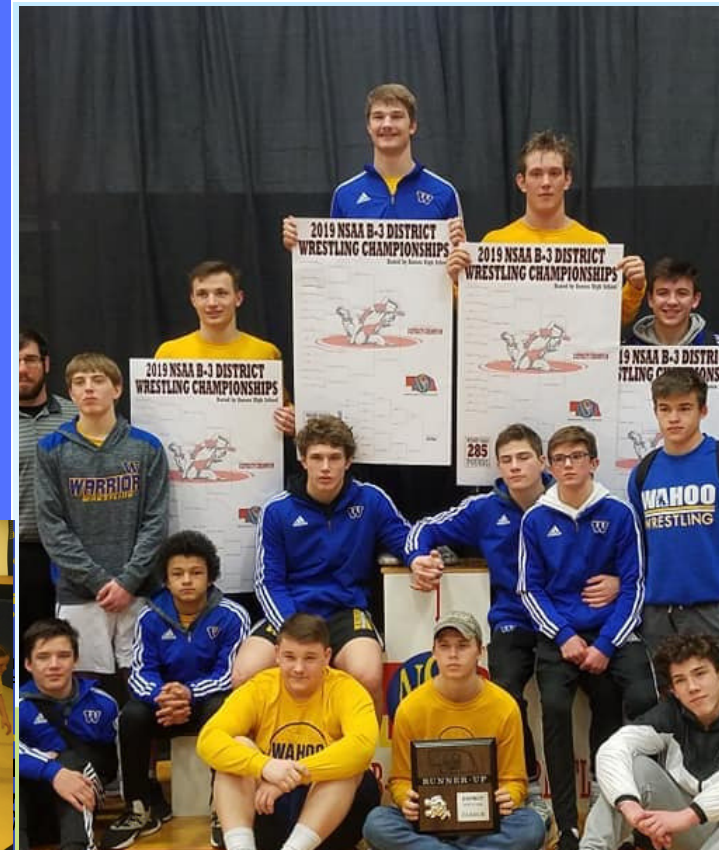
**All entries must be mailed
by June 7th to ensure T-shirt during
camp Make checks payable to:
Warrior Wrestling Club**



2019

WARRIORS WAHOO WRESTLING CAMP

06.13-6.14



SCHEDULE

Thursday & Friday

SESSION 1 9:00-11:30

8:30 am -9:00
Elementary (KDG- 5th) Check in

9:00 am- 11:30
Elementary Instruction: technique,
drills, games & live wrestling

SESSION 2 1:00- 3:30

12:30pm-1:00
High School/ Middle School
(6th- 12th) Check in

1:00 pm – 3:30
HS/ MS Instruction:
techniques, drills, games & live
wrestling



2019 CLINICIANS FROM



JONAH EGLI

FORT DODGE HIGH SCHOOL
3X IOWA STATE QUALIFIER
2X IOWA STATE MEDALIST



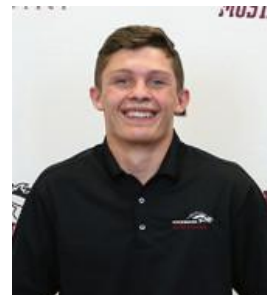
ALEX THOMPSON



NORFOLK HIGH SCHOOL
3X NEB. STATE QUALIFIER
NEB. STATE MEDALIST

JOSH NUCKOLLS

WAHOO HIGH SCHOOL
2X NEB STATE QUALIFIER



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----- Mail or Return to: Darold Foster, 2201 N. Locust, Wahoo NE, 68066 Please mail by May 23rd

Name: _____ Grade (2018-19): _____ School: _____

Address: _____ City, State, Zip: _____ Phone: _____

Alternate contact #: _____ T-Shirt Size: (Circle one) YS YM YL S M L XL XXL

I accept the responsibility for the risk of serious injury and accidents that may occur during the camp. I relieve the camp directors, coaches, clinicians, and Wahoo High School from liability. I give permission for medical personnel to treat my child in case of an injury or illness. I will also allow the camp to use images taken from event of my child in future camp promotional materials

Parent Signature _____ Date: _____