

About the camp: The camp will concentrate on instruction and drilling for beginning to advanced wrestlers. It will cover techniques and drills from the neutral, top, and bottom positions, and also some live wrestling. Camp participants will learn in a fun atmosphere under the direction of our experienced staff. The clinic is intended for wrestlers, ranging from 1st graders to seniors in high school.

Place: West Point High School

When: June 7,8,9 2009

(Monday-Wednesday)

Time: 2 sessions a day: 9:00am-11:30pm
12:00pm-2:30pm

Fees & Registration: (Prior to June 1)

\$30 for Grades 1st through 6th
(9 -11:30 am Morning session only)

\$60 for Grades 7th through 12th
(Morning and afternoon sessions)

* Experienced 5th & 6th graders may, at the discretion of the camp director, attend the camp the full day at the regular price.

After June 1st Fee:

\$40 (morning session)

\$70 (both sessions)

To enroll, a parent or guardian should complete the **registration form** and send it along with **full payment** to:

West Point Wrestling Club
817 Kindschuh St.
West Point, NE 68788

Note: We reserve the right to refund the deposit in the event that camp enrollment cannot support the cost of the facility and clinician. We will determine this by May 20, 2009.

Clinicians: Adam Keiswetter



Career Notes

High School Accomplishments:

- Nebraska State Champion 135 lbs 2000
- 3rd Place State-NE 130 lbs 1999
- 6th Place State-KS 103 lbs 1997
- 126-25 record 68 falls

College Accomplishments:

- 3x NCAA All-American 133lbs 7th-2003, 5th-2004, 3rd-2005
- RMAC Champion 2005
- 4X NCAA Academic All-American
- Gorrarian Award Winner NCAA Tournament 2005,
- 104-34 record 63 falls

PLEASE SEND THIS PORTION OF THE CAMP FORM WITH THE FEE

Camper's Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Cell phone number: _____

Phone: day _____

night _____

Email address: _____

School: _____

Grade: _____ Age: _____

Date of Birth: _____

T-Shirt Size: _____

Confirmation:

Please make the check or money order payable to **West Point Wrestling Club**. Your cancelled check or a receipt from your money order is your confirmation. Refunds are decided at the discretion of camp coordinator.

Medical Treatment Authorization:

I hereby authorize the clinical staff of the local emergency medical responders to provide care and medical treatment as necessary to my son/daughter _____.

I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the camp. In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for clinicians and staff at **West Point High School** to arrange necessary emergency treatments.

Each participant must have had a physical checkup by a certified physician within the past year. My son/daughter has had a physical within the last year and has been declared healthy and able to participate in clinic activities.

Signature of Parent/Guardian: _____

Emergency contact:

Phone: _____

Pediatrician or Family Doctor:

Phone: _____

Signature of Parent/Guardian:

Date: _____

RELEASE:

I, the undersigned, individually and as a parent(s) and or guardian(s) of _____, a minor, ask that he/she be admitted to participate in this sports camp sponsored by the West Point Wrestling Club. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the Clinician(s), West Point Wrestling Club and West Point High School, their officers, agents, and employees 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 and participation at this sports camp or in the course of competition and/or activities held in connection with the sport camp.

Signature of Parent/Guardian:

Date: _____

INSURANCE INFORMATION:

Insurance company:

Insurance address:

Insurance phone: _____

Policyholder's name: _____

Policy number: _____ Group number: _____

West Point Beemer Wrestling Camp

West Point High School
West Point, NE

June 7, 8, 9th
2010

For questions about the camp, please call
Jason Redmond @ 402-380-9866 or
Email @ jredmond@wpcadets.org