

# Introduction to Wrestling Camp

The Ashwaubenon Wrestling Club is offering a 3 day clinic to introduce Ashwaubenon students, K-5<sup>th</sup> grade, to the sport of wrestling. This camp will focus on basic wrestling skills in a practice setting to allow students interested in the sport of wrestling to see what the sport is all about.

The clinic will consist of 3 practices on Thursday's from 5:45-6:30pm in the Ashwaubenon High School Wrestling Room. Clinic dates will be the 5<sup>th</sup>, 12<sup>th</sup> and 19<sup>th</sup> of October.

We will run the clinic in our normal practice form with drills and games to promote the skills needed in the sport of wrestling and will provide excellent physical activity. There will not be any live wrestling or matches during the clinic. Our goal is to allow students to experience the sport of wrestling at a basic level.

Participants should arrive to Ashwaubenon High School (Field House Entrance) and meet in the Cafeteria on Wednesday, October 5 with this form signed, clean shoes, shorts with no buttons or zippers and a t-shirt. Start time is 5:45pm so please arrive and checked in before the start at 5:45pm.

\*\* Building Entrance is the Field House entrance and parking closest is in the lot closest to Football Field. \*\*

**There is no cost for the Clinic.** We ask that the kids come ready to participate with high energy.

If you have a child that would like to see what wrestling is about, this is your opportunity!

Questions to: [ashwrestlingclub@gmail.com](mailto:ashwrestlingclub@gmail.com) or text/call 920-360-2866 (Brian Wallace)

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I Recognize that there are inherent risks involved with the above-described activities and I assume full responsibility for any personal injury to myself or (if applicable) to my family members and furthermore I release and discharge the Ashwaubenon Wrestling Club, Brian N. Wallace, AJ Phillips and Scott Phillips from any injury, loss or damage arising from the above described activities whether due to fault of myself, family member or the Ashwaubenon Wrestling Club and participating members.

**I have read the above statement and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.**

**DATE SIGNED:**    /    /    **PARTICIPANT NAME:** \_\_\_\_\_

**NAME (PARENT-PRINTED)** \_\_\_\_\_

**SIGNATURE (PARENT/GUARDIAN)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CALL (NAME):** \_\_\_\_\_

**EMERGENCY CONTACT TELEPHONE NUMBER:** \_\_\_\_\_