

The Valley Elite Wrestling Camp

Where: Wintersville Elementary School (Next to Indian Creek High School)
100 Park Drive, Wintersville, Ohio 43953

When: Tuesday, June 23 - Wednesday, June 24 - Thursday, June 25
2 sessions each day Session 1: 10:00 am-12:00 noon Session 2: 1:00 pm-3:00 pm

Cost: \$100 per wrestler - Cost Includes Camp T-shirt

Ages: Grades 7-12 and Youth Wrestlers with at least 2-3 years experience

*This will be a great tune up camp right before NHSCA Summer Nationals in Salisbury, MD.

2009 Camp Counselors

• **Kirk Nail**

- NCAA All-American (Ohio State University)
- 2x NCAA Qualifier
- 2x Big Ten Placer
- Freestyle & Greco All-American
- Senior National Runner-Up
- 2x OHSAA State Placer

• **Luke Burkhardt**

- 2x High School All-American
- Senior National All-American
- NHSCA Open All-American

• **T.J Enright**

- 2x NCAA Qualifier (Ohio State University)
- OHSAA State Champion
- 3x Finalist, 4x Placer

• **Scott Roth**

- 3x NCAA Qualifier (Cornell University)
- 2x EIWA Placer
- 2x All-Ivy League Selection
- OHSAA State Champion

• **Clay Tucker**

- 4-year starter at Ohio University
- Senior National Runner-Up
- OHSAA State Champion
- 2x state finalist
- 4x state placer

Additional Counselors to come!!!

Liability Waiver and more information on page 2

Camp Objectives:

- Provide each wrestler with excellent technique in all 3 positions of wrestling.
- Teach each wrestler how to prepare for each match both mentally and physically.
- Instill a winning attitude so each wrestler can win at each level of wrestling.

**Camp Director-Sean Grinch
(Asst. Coach at Indian Creek High School)**

If you have any questions about the camp, you can e-mail me at *seangrinch@yahoo.com*
 Registrations for the camp need to be received by **Monday June 15**. Registration after June 15
 and any walkups will cost \$115 each. There will be **NO** lunch provided. Each wrestler must bring
 a lunch to eat during the break.

Registrations can be sent to:
 Valley Elite Wrestling
 555 West 47th Street
 Shadyside, Ohio 43947

* Make all checks payable to: Indian Creek Wrestling Club

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Liability Waiver

Name _____

Street Address _____

City, State, Zip _____ School _____

E-mail _____

Grade next Fall _____ Emergency Phone# _____

•Shirt Size-(Circle Size) Youth Sizes S M L XL Adult Sizes S M L XL XXL

I hereby authorize the camp director and/or staff to act in my behalf regarding any situation requiring discipline or medical attention. I release the camp director and all staff, as well as Indian Creek Local Schools, of all liability. My son is physically fit to participate in this camp, according to his family doctor. I understand no refunds are available after registration.

Wrestlers Name _____

Name of parent/guardian: _____

Signature of parent/guardian: _____