

CAMP SCHEDULE

JUNE 21:

8:30 AM ~ REGISTRATION

9:00 AM - 12:00 PM ~ CLINIC WITH
6X TEAM CHAMPIONSHIP COACH,
4X NCAA D1 QUALIFIER, 2X STATE
CHAMP, 2X FS ALL-AMERICAN
ROY HALL, DAVISON

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM
LIVE WRESTLING / DUAL MEETS

JUNE 22:

9:00 AM - 12:00 PM ~ CLINIC WITH
2X ALL-AMERICAN, 2X MAC CHAMP,
CMU ASSISTANT COACH
MARK DISALVO, CMU

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM
LIVE WRESTLING / DUAL MEETS

JUNE 23:

9:00 AM - 12:00 PM CLINIC WITH
5X NCWA NATIONAL CHAMPIONSHIP
COACH, 2X COACH OF THE YEAR
DAVE MILLS, GVSU

12:00 PM - 1:00 PM ~ LUNCH

1:00 PM - 3:30 PM
CAMP TOURNAMENT

* CLINICIANS SUBJECT TO CHANGE

WILLIAMSTON HIGH SCHOOL
ATTN - PAT WEBER / WRESTLING CAMP
3939 VANNETER RD.
WILLIAMSTON, MI 48895

HORNET WRESTLING CAMP



JUNE 21 - 23, 2010

FEATURING

DAVISON HS HEAD COACH

ROY HALL

CENTRAL MICHIGAN ASSISTANT COACH

MARK DISALVO

FORMER GVSU HEAD COACH

DAVE MILLS

WILLIAMSTON HIGH SCHOOL
3939 VANNETER RD.
WILLIAMSTON, MI 48895

517.775.1999 - COACH PAT WEBER
WEBERP@GOWCS.NET

Hornet Technique Camp
Williamston High School ~ June 21 -23, 2010
Registration Form

Name _____ School _____

Address _____ City _____ Zip _____

Phone _____ Email _____ Shirt Size _____

Age Group: Youth (Entering Grades 4 - 6) _____

Prep (Entering Grades 7 - 12) _____

Emergency Contact - Name _____ Relationship _____

Phone _____ Cell Phone _____

Secondary Contact - Name _____ Relationship _____

Phone _____ Cell Phone _____

Medical concerns, if any _____

I, _____ am the parent/guardian of the camper named above. By signing below I hereby give my permission for the Williamston High School Hornet Wrestling Camp to provide for any needed medical treatment for my son/daughter while he/she is attending sports camp. I specifically give my permission for necessary emergency care to be given to _____ (name of camper) by NIEESA EMS and/or any other medical treatment providers. I attest that my son/daughter had a physical within the last 12 months and the physical disclosed no medical conditions, other than those listed on this waiver, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Williamston Community Schools, its School Board, students, employees and clinicians from claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the school's employees. Williamston Community Schools are not responsible for lost or stolen property.

Signature _____ Date _____

Enclosed \$ _____ Team Affiliation _____

CUT HERE _____ CUT HERE _____

Camp cost includes: 3 Clinic Technique Sessions*, 3 Live Wrestling Session, 3 Lunches & a Camp T-shirt

* Clinicians Subject to Change

Registration - \$125.00

Team Registration Special (by June 1) - \$100.00

Mail signed form and check to:

For more information:

Pat Weber

www.WilliamstonWrestling.com

c/o Williamston High School

RE: Wrestling Camp

Email: weberp@gowcs.net

3939 Vanneter Rd.

Williamston, MI 48895

Phone: 517.775.1999