

**CHADRON STATE WRESTLING SUMMER TRAINING CAMP**

Register ONLINE – <http://www.cscwrestlingcamps.com>

**WHEN:** Wednesday evenings from 5:30-7:00 pm. First session will start on May 8<sup>th</sup> and the last session will end on July 17<sup>th</sup>.

**WHERE:** Chadron State Wrestling Room in the Nelson Physical Activity Center

**WHO:** Grades K- 12<sup>th</sup>

**FORMAT:** Grades K-12<sup>th</sup> will practice together from 5:30pm-7:00pm. Every session will be run by the Chadron State Wrestling Coaching Staff/Wrestlers. We will be working on Folk Style, Freestyle, and Greco Styles, along with technique, live wrestling, and conditioning.

**COST:** \$200 per participant for All Sessions, or \$20 per/session. Shirts will be given out to the participants that pay the full \$200. **Make Checks Payable to: Chadron State College Wrestling**

**IMPORTANT:** Payment must be paid prior to the first training session, payments are non-refundable. Every participant must have an Authorization and Release Form signed and on file before participating.

**CONTACT:** Brett Hunter- Chadron State Head Wrestling Coach 1000 Main St. Chadron, NE 69337 Office Phone: Brett Hunter (308) 432-6305/ Cell: (308) 360-1798 Email: [bhunter@csc.edu](mailto:bhunter@csc.edu)

(\*required)

Name\* \_\_\_\_\_ Parent/Guardian Name\* \_\_\_\_\_ School \_\_\_\_\_

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Parent/Guardian Cell #\* \_\_\_\_\_ Entering Grade\* \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Weight \_\_\_\_\_

Dates attending (check all attending \$20.00 each): Amount Enclosed: \$ \_\_\_\_\_

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> May 8, 2019  | <input type="checkbox"/> May 29, 2019  | <input type="checkbox"/> June 26, 2019 | <input type="checkbox"/> July 17, 2019 |
| <input type="checkbox"/> May 15, 2019 | <input type="checkbox"/> June 5, 2019  | <input type="checkbox"/> July 03, 2019 |  |
| <input type="checkbox"/> May 22, 2019 | <input type="checkbox"/> June 12, 2019 | <input type="checkbox"/> July 10, 2019 |  |

**Authorization and Release Form**

**Note: In order for your child to participate in the Chadron State Wrestling Training Camp from May 8<sup>th</sup>- July 17<sup>th</sup>, 2019, this form must be completed, signed and returned to the College prior to the first session attended.**

\_\_\_\_\_  
Child's Printed Name

\_\_\_\_\_  
Child's Date of Birth

**Authorization**

I authorize and give my consent for any licensed medical provider or athletic trainer to provide medical treatment, emergency services or assistance to my child related to his/her participation in Chadron State Wrestling Camp. I agree to assume all costs related to such treatment, services or assistance.

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

**Release**

I give permission for my child (*identified above*) to participate in the Chadron State Wrestling Camp. I assume all risks of accident or injury that may result from his/her participation in this activity. I release the Nebraska State Colleges, the Board of Trustees of the Nebraska State College, Chadron State College, and all officers, employees, agents, volunteers, and participants from liability including, but not limited to, legal claims and suits for any injury, damage or loss (*personal or property*) resulting from his/her participation in this activity.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date