



HAWKS WRESTLING CAMP



Dates: June 27th – July 21st

Time(s): Sessions will be held Mondays, Tuesdays, & Thursdays from 6-8 PM

Location: Mountlake Terrace High School

Fee: \$125 for the entire camp! Check made payable to Edmonds School District.

Focus: Participants [must be grades 8 (entering 9th) -12] will receive highly detailed instruction from 3 former state champions on attack style wrestling, strength and conditioning workouts, and the habits involved with becoming a champion!


Register: To register please complete the Athlete BIO (included at bottom), risk form and check made payable to *Edmonds School District*. Send both pages and check to the following address: Attention: Wrestling; Mountlake Terrace High School; 21801 44th Ave W, Mountlake Terrace, WA 98043;

CAMP INSTRUCTORS:




Michael Soler

4x High School State Champion
 WIAA Mat Classic Athlete of the Year
 Wesco 4A Athlete of the Year
 Former Judo National Champion



Josh Heinzer

3x High School State Champion
 NHSCA SR. National Champion
 2011 Jr. College National Runner-Up
 2014 NAIA Nat. Runner-Up
 2x College All-American



Grant Thompson

2000 High School State Champion
 2001 High School State Runner-Up
 3x NAIA National Qualifier
 Terrace Hawks Head Wrestling Coach

Athlete BIO

Name: _____

Grade: _____

Years of Wrestling Experience: _____ Any Issues of Concern?: _____

Parent Signature (provides aforementioned student permission to attend this camp) X: _____

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the MLT High Schol Wrestling Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of Wrestling entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____
(Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

.....
Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ who attends _____ to
(Student) (School)

participate in the MLT HS Wrestling Camp, Monday, Tuesday & Thursday's, June 27-July 21, 2016 (date), for the purpose of practicing fundamental Wrestling skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____