

CAMP REGISTRATION

Send completed registration form(s) and appropriate fees (checks payable to Grand View University) to:

Grand View University
Paul Reedy – Assistant Wrestling Coach
1200 Grandview Avenue
Des Moines, IA 50316-1599

Participant _____

Age _____ Date of birth _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____

Evening phone _____

Cell phone _____

E-mail _____

Resident Camper (\$300) Commuter Camper (\$215)

T-Shirt size circle one YS YM YL Adult sizes: S M L XL

Emergency contact

Name _____

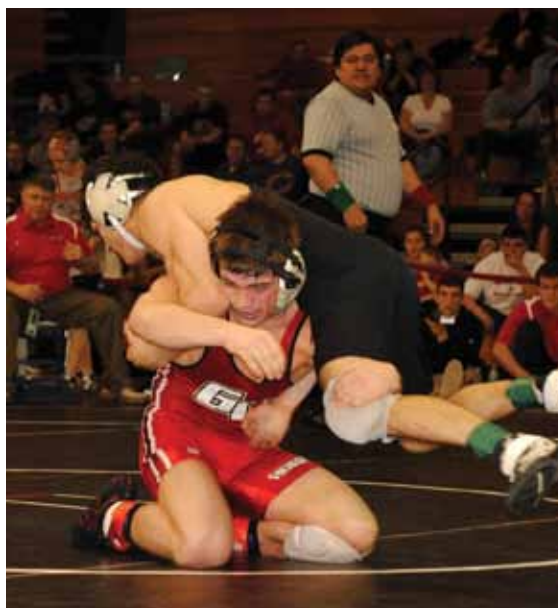
Contact's phone number _____

Medical information we should know _____

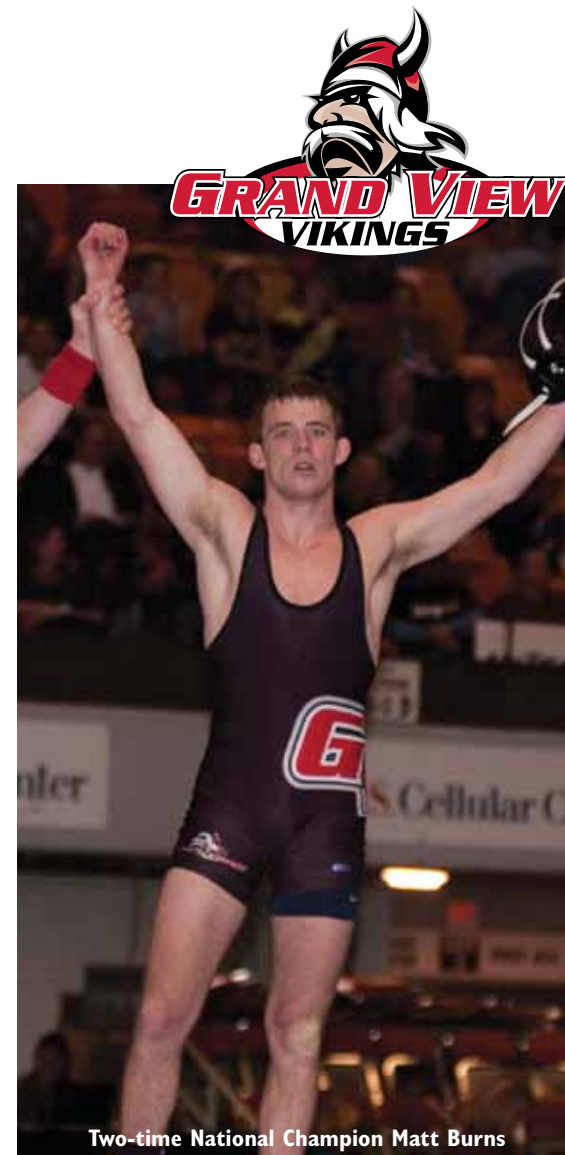
Please sign Waiver, Release, and Health Statement on reverse.

FOR MORE INFORMATION, CONTACT:

Paul Reedy
Assistant Wrestling Coach
Office: 515-263-6059
Cell: 319-230-4059
preedy@grandview.edu



1200 Grandview Avenue
Des Moines, Iowa 50316
515-263-2800 • 800-444-6083
www.grandview.edu



WRESTLING TECHNIQUE CAMP

JUNE 23 – 26

**GRAND VIEW UNIVERSITY
DES MOINES, IOWA**

WRESTLING TECHNIQUE CAMP

JUNE 23 – 26 • GRAND VIEW UNIVERSITY • DES MOINES

Grand View University Wrestling Technique Camp is designed to help athletes understand the basic fundamentals of the sport that will translate to future wins. The technique sessions will concentrate on all three positions: neutral, top and bottom. The sessions will feature top drills that Grand View has used to become a nationally-recognized program. The athletes will participate in live wrestling each day, and will learn about nutrition, weight training and motivation.

TYPICAL DAY

7:30 a.m. – 8:30 a.m.	Breakfast
9:00 a.m. – 11:00 a.m.	Technique
11:30 a.m. – 12:30 p.m.	Lunch
2:00 p.m. – 3:15 p.m.	Technique
3:15 p.m. – 4:00 p.m.	Live wrestling
4:30 p.m. – 5:30 p.m.	Supper
6:30 p.m. – 7:00 p.m.	Guest speakers on motivation, nutrition, weight lifting (commuters are dismissed)
7:15 p.m. – 9:00 p.m.	Recreation
10:00 p.m.	Lights out

IMPORTANT DETAILS

- The camp is open to **3rd through 12th graders**.
- **Check in Thursday, June 23, from 2:00 p.m. – 4:00 p.m.** at Jensen Hall, 1101 Grandview Avenue.
- **Check out Sunday, June 26, at 11:00 a.m.** at Jensen Hall.
- **Cost:** Resident – \$300
Commuter – \$215, includes lunch and supper
- **A \$50 non-refundable deposit is due by June 10.**
- **Please bring** wrestling and running shoes, workout clothes, spending money for snacks at the camp store and bedding if you are a resident camper.

CAMP STAFF

Grand View University assistant coach Paul Reedy is the camp director. Reedy served as assistant coach at both Perry High School and Wartburg College before coming to Grand View last season. Nick Mitchell, head coach, will also be a presenter. Mitchell began the Viking wrestling program three years ago and led the team to a fifth place finish at Nationals last season. He has coached three Viking National Champions and 13 All-Americans.



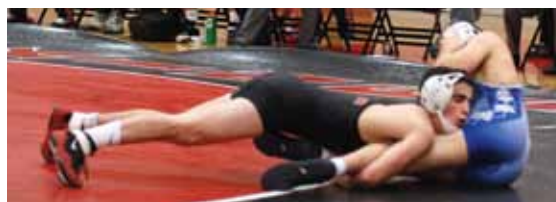
Paul Reedy



Nick Mitchell

FEATURED CLINICIANS

Other featured clinicians include members of the Grand View coaching staff: Grant Turner, Jake Helvey and Justin Hanson. Grand View two-time national champion Matt Burns and national champion Glenn Rhees will assist at the camp, as well as current Viking wrestlers.



Waiver and Release

I am aware of the dangers involved in participation in the physical activities of the Grand View Wrestling Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Sport Camps involve competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Wrestling Camp, Grand View University, their officers, agents, employees, and volunteers – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts – from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature Date

Parent/Guardian Signature Date

Health Statement/Medical Authorization

I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could unduly hinder or prevent camper's safe participation in the Grand View Wrestling Camp. Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View University or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to:

_____ (camper's name). I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Wrestling Camp.

Parent or Legal Guardian Signature Date

Health Insurance Company

Policy Number