

MALCOLM WRESTLING CLUB SUMMER TRAINING CAMP

Malcolm High School, Malcolm, NE
Saturday, June 5, 2010

FEATURING:

MARK MANNING

and current University of Nebraska Wrestlers

University of Nebraska Head Coach
2009 & 2008 Big 12 Coach of the Year
USA Wrestling National Developmental Coach
Inducted into the NCAA Division II Hall of Fame
Olympic, World and Junior World Team Head Coach
Member of U.S. Freestyle Team
Pan American Games Silver Medalist
Two Time NCAA Division II National Champion
Three Time All American



SCHEDULE:

8:30-9:00 Check-In (3rd thru 12th grade only)
9:00-12:00 Training with Coach Manning
12:00-12:30 LUNCH (A Subway lunch is provided.)
12:30-2:30 Training with Coach Manning

COST:

\$40.00

REGISTRATION:

Register by mail or email. All entries received by May 15, 2010 will be guaranteed a camp T-shirt. Late registrations and walk-ins will receive T-Shirts on a first-come, first-serve basis. You may pre-order additional T-Shirts for \$10.00.

PAYMENT:

Make checks payable to: MYSA (Malcolm Youth Sports Association)

MAIL TO:

Kelly Streeter
14 Beckman Circle
Malcolm, NE 68402

EMAIL:

kstreeter@pellaomaha.com
aglause@fmne.com

CONTACTS:

Kelly Streeter (402) 796-2564
Aaron Glause (402) 796-2003

The Malcolm Wrestling Club Summer Training Camp is designed to combine fun and fundamentals, as well as advanced technique. Our camp provides you with the tools to reach your goals! Develop an advantage at the Malcolm Wrestling Club Summer Training Camp!

-----Complete and Return by May 15, 2010-----

NAME: _____ GRADE: _____ AGE: _____
ADDRESS: _____ T-SHIRT SIZE: YS YM YL YXL AS AM AL AXL
PHONE: _____ CLUB AFFILIATION: _____ ADD'T'L T-SHIRT (\$10.00) _____

I certify that the above information is correct, and that the above wrestler has my permission to wrestle in the Malcolm Wrestling Club Summer Training Camp. I hereby release Lancaster County School District 148, Malcolm Youth Sports Association, and the Malcolm Wrestling Club and their agents, from any liability for accident or injuries occurring at this camp. I hereby authorize medical treatment administered by licensed medical personnel, in case of injury or accident. Additionally, Lancaster County School District 148, Malcolm Youth Sports Association, and the Malcolm Wrestling Club and their agents are not responsible for loss or theft of items left unattended.

Wrestler's Signature: _____

Parent/Guardian Signature: _____ Date: _____