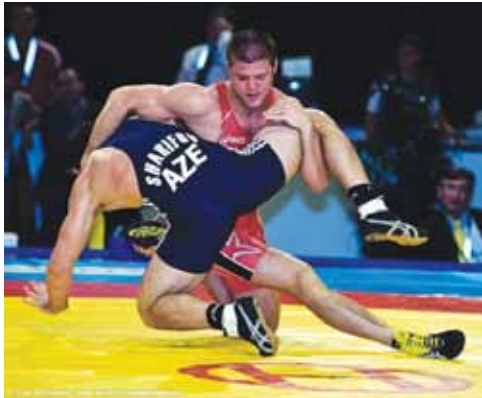


2010

CLARION UNIVERSITY

WRESTLING CAMPS



**FEATURING
JAKE HERBERT
WORLD SILVER MEDALIST**



Teague Moore
Head Coach



Ethan Bosch
Assistant Coach

Wrestling Camp Acceptance

You may apply as soon as you receive your application, and it is important to your acceptance that you apply at an early date. Due to the national tournament and recruiting commitments, we will not reply to your early registration until the first of April.

Medical Facilities

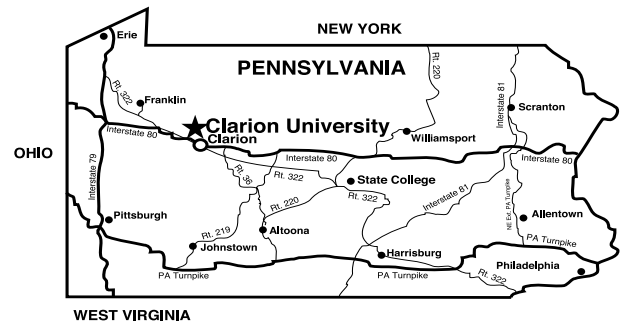
In case of an emergency, the medical facilities of Clarion Hospital are within three miles of the university campus. Clarion University sports medical staff will be present at all camp sessions.

Answers to Popular Questions

1. Upon acceptance, you will receive all pertinent information necessary to make your stay pleasant.
2. Your roommate will not be assigned. You may choose your roommate at registration.
3. No refunds—no exceptions. A substitute can be made without penalty.
4. We work approximately seven hours a day on the mats with live wrestling every day.



Clarion University is located off I-80 Exit 64



www.clarion.edu

FUNDAMENTALS CAMP June 27-July 1

The Fundamentals Camp was established at Clarion University for wrestlers looking to hone the basics skills needed for success. This camp is for the wrestler with 1-3 years of experience and open to all ages. Camp staff focus on the skills that will make the dedicated novice wrestler into a well developed wrestler.

This camp focuses on the Seven Basic Skills of wrestling and implements the skills with drills wrestlers can take home to help them continue in their development. The curriculum is based on skills needed for good neutral wrestling, solid bottom basics, and top techniques that allow wrestlers to turn and beat their opponent.

Parents and coaches are welcome to attend camp so they can take skills and drills home for future development of their individual wrestler's or their program's success (room and board rates apply).

TEAM CAMP June 27 – July 1

The Clarion University Team Camp is open to both INDIVIDUALS and TEAMS looking for technique development as well as daily competitions. All junior high and high school wrestlers receive one-on-one coaching throughout this camp and the opportunity to wrestle in at least 11 refereed matches.

When campers arrive, they are weighed-in and divided among "camp teams." If your junior high or high school program would like to attend as a group, you will be given the opportunity to stay together for the daily competitions. Individuals who come to camp are appropriately placed onto a camp team for competitions so that weight classes are evenly divided. This allows each camper a chance to compete in every dual meet as well as the individual tournament at the end of the week. We use the Madison system for weigh distribution among the camp teams, allowing each team to form a 14- to 16-man roster for dual competitions. If a junior high or high school team cannot fill the 14- to 16-man roster, individual campers will fill in the needed weight classes for dual meets. Awards are given to the top-three Dual Teams from the week-long dual competitions, as well as the top-three in each weight class at the individual tournament on the last day of camp. This means each athlete has the opportunity to take two competition awards home from camp! This year, the champions will receive a Clarion University Summer Camp folding lawn chair. Second-place teams and individuals will receive a Clarion University Summer Camp equipment bag, and the third-place teams and individuals will receive a Clarion University Summer Camp shoulder bag.

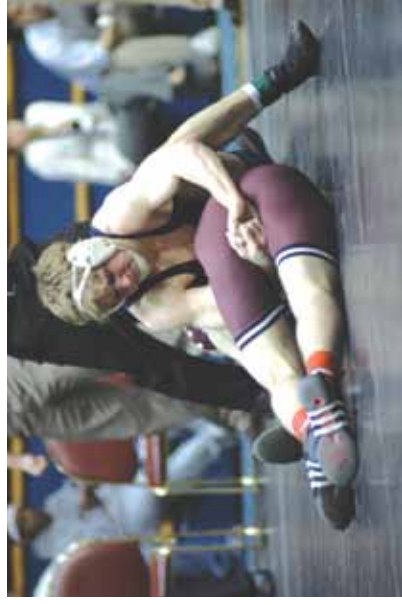
FATHER/SON WEEKEND CAMPS June 25 – 27 and July 9 – 11

This camp allows parents and wrestlers the chance to learn wrestling skills and techniques while enjoying a weekend together doing what they love... wrestling! Time is given both on and off the mats to focus on fundamental takedowns, pinning combinations, escapes, and defensive techniques. Campers receive three sessions on Friday and Saturday before closing out camp with a mid-morning session on Sunday. Parents receive mental and physical coaching tips to help their sons prepare for wrestling matches and tournaments.

Whether you're an experienced wrestling dad or a newcomer to our sport, the camp will improve your knowledge and love of wrestling. The Clarion community also provides many extra opportunities for a parent and wrestler to enjoy time off the wrestling mat. The Clarion River, Cook Forest State Park, and local outdoor activities allow for excellent quality time that both will remember for a lifetime. Campers usually range in age from 5-12 years old.

OTHER ACTIVITIES

- Wrestlers will stay at Clarion University's secure dorms.
- Age-appropriate movies will be viewed in the dorms.
- Swimming is available on campus at Tippin Gymnasium.
- Great food is served at the new Eagle Commons dining hall.
- Take the Navy SEAL Fitness Challenge!



**Fundamentals and Team camps run concurrently,
so bring your whole team from youth through
high school—
there will be something for everyone!**

TECHNIQUE WEEK: July 5 – July 9

Pick one of two Specialized Technique Camps!

Leg Riding and Leg Attacks July 5 – July 9

This camp was designed by the Clarion University Wrestling staff to pass along the skills needed to win from the top position in wrestling. Many of today's top college stars have developed their top offense to allow them to beat the best in the country. If you can take your opponent down and apply a punishing offense, victories come quicker and more often. The curriculum is designed to teach wrestlers the skills and drills that can take them to the next level of competitive wrestling.

This camp is geared toward folkstyle techniques that have been proven effective at the highest levels and will enable your wrestlers to take the next step on the champion's podium. Clarion University's wrestlers are on hand to teach your athletes the proper techniques and strategies to improve their wrestling by leaps and bounds. This camp spends extra time examining the details that will allow your wrestler to score the needed winning near fall points or to turn his opponent for the pin.

Counterattacks July 5 – July 9

The counterattack camp is designed to help you turn your opponent's actions into points and pins. In today's wrestling world, there are more ways to defend attacks than ever. This camp focuses not only on defending, but on turning a successful defense into an offensive opportunity of your own. We'll cover a variety of common attacks from the feet and from the mat to examine how the aggressor in those positions might be opening himself up to a number of specific counterattacks, including a couple Clarion originals in the Schalles Spladle and the Cole Roll.

The camp curriculum encompasses a wide range of techniques, from basic defense to the popular "funk" that many of today's top collegiate stars use. The best wrestlers in the world can put points on the scoreboard no matter what position they're in, at any time in the match. This camp will teach you the techniques you need to be a dangerous wrestler from any position.

**Groups of 5 or more attending the same camp
receive a \$15 discount per camper.**

**Sunday check-in for Monday camps is available—
call for information.**

Clarion University 2010 Wrestling Camps

Please enroll me in The Clarion University Wrestling Camp. It is understood that Clarion University, the directors, or anyone connected with the camp will not assume any responsibility for accidents, or any medical, dental, or other expenses incurred as a result of accidents.

Name _____ E-mail _____ Age _____ Weight _____

Address _____ Street _____ City _____ State _____ Zip _____

Home Phone _____ Area code _____ Name of High School _____

High School Coach _____ Grade September 2010 _____ Please check: Commuter Resident Will you need day before check in (\$15)?

Accompanying Adult (Father/Son weekend) _____

Fundamentals Camp

June 27-July 1 Residents: \$335
 Commuters: \$270
 Coach: \$80

June 27-July 1 *Fundamentals and Team camps run concurrently, so bring the whole team, youth through H.S.*

Residents: \$335
 Commuters: \$270
 Coach: \$80

Technique Week Camps

July 5-9 (leg rides/attacks)
 July 5-9 (counterattacks)

Residents: \$335
 Commuters: \$270

Father/Son Weekend Camps

June 25-27
 July 9-11

Father plus one son: \$225
 Each additional sibling: \$110

Release: I certify my son has no injury or illness which could jeopardize his well-being by participating in the wrestling activities of the Clarion University Wrestling Camps.

Parent or guardian must sign _____ Date _____

Payment type: Check Money Order

Check Number _____

Make checks payable to Clarion University.

Return application with \$50 deposit to:

Golden Eagles Wrestling Camp
 Clarion University of Pennsylvania
 840 Wood Street
 107 Tippin Gym
 Clarion, PA 16214-1232

www.clarion.edu/athletics/camps

How did you learn of this camp?

- Brochure Magazine Ad:
 Internet Ad WIN magazine
 Website PA Wrestling Roundup
 Word of Mouth PA Wrestling News
 PA Wrestling Newsmagazine

It is the policy of Clarion University of Pennsylvania that there shall be equal opportunity in all of its educational programs, services, and benefits, and there shall be no discrimination with regard to a student's or prospective student's race, color, religion, sex, national origin, disability, age, sexual orientation/affection, veteran status or other classifications that are protected under local, state, and federal laws. Direct equal opportunity inquiries to Assistant to the President for Social Equity, Clarion University of Pennsylvania, 207 Carrier Administration Building, Clarion, PA 16214-1232, 814-393-2109.



I, _____, Parent or Guardian of _____
(Name of Parent or Guardian) *(Name of Child)*

desire for my child to participate in Sports Camp at Clarion University on

(Dates)

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of the facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume on behalf of my child all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designed activity. I have carefully considered how the possible consequences of injury may impact my child's life, and I choose to accept this risk and allow him/her to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Clarion University Foundation, Inc., Clarion University of Pennsylvania, Pennsylvania's State System of Higher Education, the Commonwealth of Pennsylvania and the employees, officials or agents of any and all of the foregoing, pursuant or pertaining or related to, or arising from, in any manner, injuries to my child as a result of his/her participation in this activity.

By my signature below, I certify that I completely understand this document.

Signature of Parent of Guardian

Date

Witness

Date



Summer Sports Camp
Medical Information

Name of Athlete _____ Telephone () _____

Please check camp(s) you plan to attend (M: men, W: women, I: individual, T: team)

- Baseball, Basketball: MI, MT, WI, WT, Cross Country, Diving, Football: Kids, H.S., Youth, Soccer: Day, Venango, Soccer: Team, Elite, Pitcher, Hitter, Swimming, Tennis: Day, Tennis/Swim, Tennis Tourney, Volleyball: I, Def., Set., Hit., Volleyball: T, Fund., Tex 1, Tex 2, F/S 1, 2, Wrestling: F/S 2, Other

Date(s) Attending Camp: From ___/___/___ to ___/___/___ From ___/___/___ to ___/___/___

COMPLETE ALL SECTIONS

Please print

1. Home Address _____ Social Security No. _____
City _____ Date of Birth _____
State _____ Zip _____

2. Father/Guardian _____ Mother/Guardian _____
Address _____ Address _____
Social Security No. _____ Social Security No. _____
Telephone () _____ Telephone () _____
Employer _____ Employer _____
Telephone () _____ Telephone () _____

Please indicate another person that is likely to know where you can be contacted:

Name _____ Relationship _____ Telephone () _____

If you plan to be away from home the week your son/daughter is in camp, please indicate times and procedure that you may be contacted. _____

FEES FOR MEDICAL TREATMENT INCURRED BY YOUR SON/DAUGHTER WHILE AT CAMP WILL BE THE RESPONSIBLE OF THE PARENT/GUARDIAN. AN INSURANCE POLICY WILL NOT BE INCLUDED IN THE CAMP FEES. IF YOUR SON/DAUGHTER SHOULD REQUIRE MEDICAL TREATMENT WHILE AT CAMP, AND YOU WISH THE COST FOR TREATMENT TO BE COVERED UNDER YOUR MEDICAL INSURANCE PLAN, PLEASE PROVIDE THE FOLLOWING INFORMATION.

3. Basic Medical _____ Major Medical _____
Company or Plan _____ Company or Plan _____
Address _____ Address _____
Telephone () _____ Telephone () _____
Policy Number _____ Policy Number _____
Group Number _____ Group Number _____

Is the athlete on any medication of any kind? Yes No

If YES, please list medication(s), reason for taking, and any special instructions

Drug Allergies or Sensitivities _____

Other Allergies _____

Does the athlete require special medical needs? Yes No

If YES, please explain: _____

Please read BOTH statements below and sign the ONE of your choice! DO

NOT SIGN MORE THAN ONE!

Both parents/guardian should sign one of the following sections. If one of the parents is unavailable, the signature of the available parent is sufficient. However, if the parents are divorced, only the parent having custody of the athlete should sign. If the athlete has a legal guardian(s), the guardian(s) should sign.

1. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that I be contacted before any medical procedures are performed, unless immediate emergency treatment is necessary to save my son/daughter's life, or to prevent permanent debilitating injury.

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

2. If my son/daughter needs medical attention while at summer sports camp at Clarion University, it is my wish that the treatment be begun while efforts are being made to contact me. So that treatment will not be delayed, I consent to any medical procedures that the attending physician believes to be appropriate, with the understanding that efforts will continue to be made to contact me. I also accept responsibility for all costs related to such treatment.

*Exceptions. If there are any medical procedures that you do not want performed until you are contacted, please list them in the space provided. Otherwise, write "none". _____

Parent(s)/Guardian(s) _____ Date ____ / ____ / ____

If the athlete is 18 years of age, he/she must also sign this agreement

_____ Date ____ / ____ / ____