

BAKER UNIVERSITY WRESTLING FALL CLINIC



Saturday, October 16, 2010
Mabee Memorial Hall @ Baker University

Cost: **\$20.00** Pre-registered or **\$30.00** at check-in. Cost includes 5 hours of instruction and a BAKER UNIVERSITY WRESTLING t-shirt.
Coaches are welcome for FREE!

Clinicians - Baker University Coaching Staff
Assisting – Baker University Wrestling Team

Schedule

Registration: 8:00 AM - 9:00 AM

Session 1: 9:00 AM - 10:30 AM Bottom Position Technique

Short Nutrition Break

Session 2: 10:30 AM – 12:00 PM Top Position Technique

Short Nutrition Break

Session 3: 12:00 PM - 1:00 PM Defensive Technique
1:00 PM - 2:00 PM Offensive Technique

Mail Registration Form Below To:

Jimmy May - Head Wrestling Coach - Baker University - PO Box 65- Baldwin City, KS 66006

Make checks payable to Baker University Wrestling

Name _____ Wt _____ Age _____

Address _____ City _____ St/Zip _____

Phone _____ Email _____

T-Shirt Size - YS YM YL AS AM AL AXL AXXL

Important: PARTICIPANT releases, waives and claims and promises not to sue Baker University and/or the Clinic Director/Clinicians with respect to any LOSS incurred during or in connection with his/her participation in the Fall Clinic, any activities associated with the Fall Clinic. PARTICIPANT further agrees to hold harmless and indemnify and Fall Clinic and/or Clinic Director/Clinicians from any claims brought against the Fall Clinic and/or Clinic Director/Clinicians or host establishment (Baker University) resting from, arising out of or in any way associated with any LOSS.

I/we, being the PARENTS and/or legal guardian of the PARTICIPANT authorize Baker University and its agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent. Further, I claim that registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Signature of Parent

Date