

2017 Mukwonago Wrestling Camp

When: Sundays in June & July (excluding 6/18 & 7/2)
Dates: 6/4, 6/11, 6/25, 7/9, 7/16, 7/23, 7/30
Time: 6:00– 8:00pm
Where: Mukwonago High School Wrestling Room
Who: Any wrestler entering 4th – 9th grade in the fall of 2017
Cost: \$60 - includes 7 sessions, t-shirt, and nightly sports drink



2017 Classic 8 Champs for the 7th year in a row!



Aric Bohn – 2017 State Champ

Clinicians:

- Jon Wierzbicki: Head coach
- MHS Coaching Staff & current/alumni MHS Wrestlers
- Also will have a guest clinician.



2016 M-Camp with UW-Parkside 2X NCAA Champion – Nick Becker

This is Mukwonago Wrestling's 18th year of hosting a summer youth camp. We typically have a variety of games and introduce the wrestlers to age appropriate skills, drills, and technique. The clinicians are teachers, coaches, and alumni associated with Mukwonago wrestling that want to invoke a passion and enthusiasm for our great sport, while placing an emphasis on safety and character. The campers will learn our core technique utilized in the Mukwonago High School program. With the longevity of the camp throughout the summer we hope wrestlers will be able to retain their skills with weekly review and longer continuity. We firmly believe it will be an amazing camp. We hope to see you on the mats!

**2017 Mukwonago Wrestling Summer Camp
Mukwonago Wrestling
Pursuing Excellence with Ethics on and off the Mat**

Name: _____

Address: _____ City: _____

Zip: _____ Phone: _____ Grade (fall '17) _____

T-Shirt Size (adult sizes): YL S M L XL (circle one)

***Please make checks out to: MHS Athletics—Wrestling**

**Mail to: MHS Wrestling Camp - ATTN: Jon Wierzbicki
 605 Veterans Way
 Mukwonago, WI 53149**

Mukwonago Wrestling Camp Emergency Information Form

Please indicate below an individual/individuals name and phone number that should be contacted in an emergency during the time that your child will be in camp. Also, please list your insurance carrier and policy number in the case that such information is necessary.

Emergency contact(s): _____ Phone: _____

_____ Phone: _____

Insurance Carrier: _____

Policy Number: _____

As a parent/guardian of a participant in the 2017 Mukwonago Wrestling Camp, I am aware of accept the risk inherent in the camp activity. I also agree to hold harmless the Mukwonago Wrestling Program or any of its employees/clinicians from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising out of actions of my dependent in the course of the camp.

In the event of an emergency in which my child requires medical care; I authorize the staff of the Mukwonago Wrestling Camp to obtain, for my child, necessary medical treatment.

Parent Name: _____

Parent Signature: _____ Date: _____