WESLEYAN WRESTLING 2019

COLLEGIATE CLINIC

PROSPECT COLLEGIATE CLINIC

SATURDAY, AUGUST 17, 2019

Contact:
Drew Black  Wesleyan University
Head Wrestling Coach 161 Cross Street
(860) 685-2907 Middletown, CT 06459
dblack@wesleyan.edu

http://athletics.wesleyan.edu/sports/wrest/index

The Day Clinic:
- Wrestlers must be entering **grades 12 (2020) or 11 (2021) THIS Summer**
- **10th graders (2022) welcome if we have space available**
- You will experience firsthand what we do at Wesleyan and how our coaches work with the wrestlers - on mat **10am-12noon & 1:30-3pm**, Wesleyan Talk 12-1:15
- Come and see, learn, and experience what it takes to be successful on the mat, more specifically what it takes to be successful at the next level
- Training will include the skills, drills, techniques, & wrestling situations needed to reach your next level of wrestling, specifically at the college level

What you will gain:
- A unique experience of what it’s like as a wrestler at the collegiate level
- An opportunity to learn, develop new skills, reinforce better technique and showcase your abilities on the mat
- A chance to train and learn with other top high school wrestlers from around the country who plan to continue at the college level
- An opportunity to be coached by the Wesleyan University Coaching staff and current college wrestlers on the Wesleyan Team
- Leave with great insight, knowledge, and experience of what it takes to be a successful wrestler at the collegiate level

The specifics:
- Camp cost: $100, includes a copy of our strength & conditioning program
- Registration for clinic 9:00am-9:45 am Biddiscombe Wrestling Room, start @ 10am
2019 WESLEYAN WRESTLING

PROSPECT COLLEGIATE CLINIC

SATURDAY, AUGUST 17, 2019

Registration due by Monday, August 12th

To register please complete this form and medical release below and mail with full fee to:
Wesleyan Wrestling
Head Coach-Drew Black
Freeman Athletic Center
161 Cross Street
Middletown, CT 06459

*Please make all checks payable to Drew Black*

Name: _________________________________________________   Age: ____________
Address: ____________________________ City, State, Zip _______________________
E-mail: _________________________________________ Birth Date: ______________
Home Phone: _________________________ Cell Phone: ________________________
High School: _________________________________ Graduation Date: ____________
GPA: _____   SAT:  M_____   V_____   ACT: ______
Current Weight: ______________
Weight plan on wrestling for upcoming season: ____________
Notable Wrestling Achievements: (State, Region, District, County, top tournament placing, etc…)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Emergency Contact:  Name:  Phone:
Relation to participant: ______________________
Amount Enclosed: $_______
2019 WESLEYAN WRESTLING

PROSPECT COLLEGIATE CLINIC

PERMISSION, WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration of permitting my son to enroll or participate in the Wesleyan Wrestling Prospect Collegiate Clinic offered by Wesleyan University beginning on August 17, 2019, the undersigned, on behalf of his or herself and for his or her heirs, executors, administrators and all of the assigns of any of them, hereby knowingly and voluntarily RELEASES, WAIVES, FOREVER RELINQUISHES and DISCHARGES Drew Black, and staff, Wesleyan University, its trustees, officers, agents, servants and employees (the “Released Parties”) from any and all claims, causes of action, liability of any type whatsoever including but not limited to liability for personal injury, property damage or wrongful death occurring to him or her arising as a result of, incidental to or related to engaging in the Activity, whether the same shall arise by the negligence of any of the Released Parties or otherwise.

BY SIGNING THIS AGREEMENT, IT IS THE INTENTION OF THE UNDERSIGNED TO EXPRESSLY ASSUME ALL RISK OF PROPERTY DAMAGE, PERSONAL INJURY OR DEATH TO THE EXCLUSION OF WESLEYAN UNIVERSITY AND TO EXEMPT AND RELIEVE WESLEYAN UNIVERSITY FROM LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURY OR DEATH, INCLUDING WHERE CAUSED BY NEGLIGENCE.

The undersigned for him/herself, his/her heirs, executors, administrators and/or assigns of any of them agrees that, in the event any claim for property damage, personal injury or wrongful death shall be prosecuted against Drew Black and staff, Wesleyan University arising out of, incidental to or related to him/her and the Activity, he/she shall indemnify and hold harmless Wesleyan University from any and all claims, causes of action, liability, damage, cost or expense by whomever or wherever made or presented arising as a result thereof.

The undersigned acknowledges that he/she has read this Agreement, has been fully and completely advised of the potential dangers incidental to engaging in the Activity and is fully aware of the legal consequences of signing this Agreement.

________________________________________  __________________________  ______________
Printed Name                               Signature                                Date

Date of Birth

For Minors (if under age 18)

________________________________________  __________________________  ______________
Parent/Guardian Printed Name                Parent/Guardian Signature            Date