WESLEYAN WRESTLING 2018

COLLEGIATE CLINIC

PROSPECT COLLEGIATE CLINIC
SATURDAY, SEPTEMBER 22, 2018

The Day Clinic:
- Wrestlers must be entering grades 12 (2019) or 11 (2020) THIS fall
- 10th graders (2021) welcome if we have space available
- You will experience firsthand what we do at Wesleyan and how our coaches work with the wrestlers
- 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
- Wrestling Clinic 10-11:45am & 12:45-2:15pm, Campus tour after the clinic

Contact: Drew Black
Head Wrestling Coach
Wesleyan University
(860) 685-2907
dblack@wesleyan.edu

http://athletics.wesleyan.edu/sports/wrest/index
2018 WESLEYAN WRESTLING

PROSPECT COLLEGIATE CLINIC

SATURDAY, SEPTEMBER 22ND, 2018

➢ Registration due by Wednesday, September 19th

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: $_____

________________________________________________________________________

WAIVER/MEDICAL RELEASE – next page…
2018 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 September 22, 2018, 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