MATT LOWERS

University of the Cumberlands Head Coach

2 DAY INTENSIVE CLINIC

Friday July 18th and Sat July 19th

Matt Lowers (University of the Cumberlands head coach, former University of Minnesota assistant coach, and former Director of Wrestling Operations for J. Robinson Intensive Camps) will be hosting a two day clinic at Daviess County High School,Owensboro, Kentucky on Friday, July 18th and Sat July 19th . Coach Lowers' clinic will be modeled after the intensity of the J. Robinson Camps that he was the former director of. Please join us for 2 days and 4 intense sessions of hard work to get you prepared and focused on your goals for the 2014-2015 season.

MAKE SURE TO BRING 2 T-SHIRTS, RUNNING SHOES, AND A WATER BOTTLE!!!

Where: Daviess County High School, 4255 New Hartford rd Owensboro, Ky
Cost: $75.00 - Checks payable to: Daviess Co. Wrestling
Mail check and registration to: Daviess County High Wrestling 4255 New Hartford rd, Owensboro, KY 42303

Friday May 31st 6pm - 8pm 1st session	**Saturday June 1st** 8:30am – 10:30am 1st session 10:45pm – 12:45pm 2nd session Lunch (bring your own lunch) 1:30pm – 3:30pm 3rd session

For more info contact: Coach Curtis Martinson curtismartinson@gmail.com
Limited to 150 wrestlers
Registration Deadline is July 1, 2014
Or call 270-316-7670 after this date

Detach and mail

Wrestler's name: _____

Years experience: _____

Age: _____ **Grade:** _____

School: _____

_____
Parent/Guardian name **Relation**

Parent cell number: _____

Emergency contact information:

_____ _____
(Name) (Number)

Insurance Company: _____

Policy #: _____

Medical Release/Release of Liability
Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the coaching staff at the wrestling clinic to act for me, according to its best judgment in any medical emergency, and I hereby waive and release coach Matt Lowers, University of the Cumberlands, Calloway Co. Coaching Staff, and Calloway Co. Public Schools, from any liability from injuries or illness incurred by my son/daughter while attending the clinic. All information I have provided on this application is true and correct.

_____
Parent/Guardian signature

_____
Printed Name **Date**