

## UNION COUNTY'S THOROUGHBRED WRESTLING

Thoroughbred Wrestling uses a proven system to develop the fundamentals of wrestling. We place high emphasis on technique, competitive practice partners, and creating an atmosphere where athletes will undoubtedly find success. We strive to provide a training environment that is conducive to building champions; where young athletes will feel comfortable giving 100% and putting it all on the line to reach their athletic goal.

When a young person makes a decision to participate in the sport of wrestling, it will most certainly impact their lives on many levels for years to come, regardless of their level of commitment. Most anyone who has wrestled or been around wrestling agrees that the sport instills the values of hard work, dedication, team work, responsibility, discipline, etc. These values and characteristics are becoming increasingly valuable each day, as they are harder and harder to find in today's society. We take pride in equipping young people with the necessary skills to be successful in all their future endeavors, both under the lights and in their everyday lives.

That being said, if your level commitment is as serious as ours, then you will feel right at home in our unbelievably tough practice room. So if you are ready to take your wrestling to the next level, stop training with the ponies and come run with the **THOROUGHBREDS!**

# THOROUGHBRED



### 2012 CAMPS & CLINICS:

#### NHSCA/Flo Nationals Training Camp:

Saturday: March 24

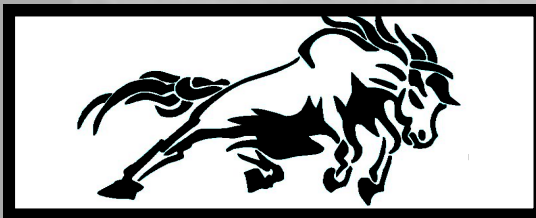
- @ Union County High School
- \$50
- Two sessions:  
9 - 11 am & 12 - 2 pm

#### Union County's Thoroughbred Camp

June 6, 7, 8, & 9

- @ Union County High School
- \$110 per athlete (\$95 per athlete for teams of 5 or more)
- 8th, 9th, & 10th: 9 - 12 am & 1 - 3 pm
- Saturday:
  - 9-10 am scrambling technique session
  - 10 am weigh ins (grouping, no classes)
  - 10:30 am start tournament
  - 1;2;2 minute periods

\*\*Free T-Shirt for all campers & individual awards will be given



Contact: [hoehn.marcus@gmail.com](mailto:hoehn.marcus@gmail.com)  
[www.trainlikeachampion.webs.com](http://www.trainlikeachampion.webs.com)

### Clinicians & Instructors:

#### JEREMY HUNTER

BIG 10 CHAMPION

3 x NCAA ALL-AMERICAN  
2000 NCAA NATIONAL CHAMPION  
ASSISTANT COACH-UNIVERSITY OF IL.

#### JASON MESTER

3 x MID-AMERICA CONF. CHAMP  
2 X NCAA ALL-AMERICAN  
ASSISTANT COACH-UNIVERSITY OF MISSOURI

#### MICHAEL CHANDLER

4 x NCAA NATIONAL QUALIFIER  
2009 NCAA ALL-AMERICAN  
CURRENT BELLATOR LIGHTWEIGHT WORLD CHAMPION

#### MARCUS HOEHN

4 x LETTERMAN- UNIVERSITY OF MISSOURI  
2009 BIG 12 CHAMPION  
NCAA QUALIFIER  
ASSISTANT COACH-UNION CO. H.S.

OTHER GUEST INSTRUCTORS WILL BE ADDED  
OTHER CAMP WORKERS WILL INCLUDE PAST UNION  
COUNTY WRESTLERS, AND CURRENT COACHES.

UNION COUNTY'S THOROUGHBRED WRESTLING CAMPS  
2012 REGISTRATION FORM

CAMP(S) YOU WILL BE ATTENDING (check all that apply):   ☐ SATURDAY NHSCA/FLO Nationals Training Camp.   ☐ Union County's Thoroughbred Camp

**CAMPER INFO**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Male ☐ Female ☐

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade in 2010-2011 \_\_\_\_\_

School \_\_\_\_\_ Coach \_\_\_\_\_

You may send a check or cash when you mail this form or you may pay at the time of registration, which will be 20 minutes before the start of the session or the first day of the Thoroughbred Camp

**INDEMNIFICATION BY PARENTS OR GUARDIAN OF APPLICANT**

The undersigned parent or guardian (student's name) the applicant for and in consideration of Union County's Wrestling Camps accepting said applicant, hereby agrees to save and indemnify, and keep harmless the said Union County's Wrestling Camps, its agents, and sponsors, against any and all liability claims, judgments or demands arising as a result of injuries by the applicant traveling to and from Union County's Wrestling Camp sites and during the stay at the school and on school grounds, or while wrestling or taking instruction in wrestling.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Medical Treatment Authorization -- I approve of my son's/daughter's attendance at wrestling camp and certify that he/she is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give my permission for such care.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Are you or your dependents entitled to benefits under any employer, union, group plan, group Blue Cross, Blue Shield, Medicare, Medicaid or any other governmental program?   ☐ No   ☐ Yes – If yes, please complete the following:

Employer or sponsoring organization: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_      Send registration form to:  
Union County Wrestling  
c/o Marcus Hoehn  
4464 US 60 W  
Morganfield, KY 42437

