



# Indiana Wrestling Camps

1001 East 17th Street • Assembly Hall • Bloomington, IN 47408



## THREE CAMPS TO CHOOSE FROM...

### Personal Team Training Camp

June 13 – June 16, 2012  
June 30 - July 3, 2012

Middle School and High School  
with 15+ wrestlers

All Camps open to any and all Participants

### Training Camp

June 13 – June 16, 2012  
June 30 - July 3, 2012

Middle School and High School  
with 1-14 wrestlers

All Camps open to any and all Participants

### Little Hoosiers Commuter Camp

June 23 – June 24, 2012  
Commuter Only

Age 6-14

All Camps open to any and all Participants

#### Objective

The Indiana University Staff has developed a camp that will satisfy conditioning and technique interests without compromising your team's style. This is a great opportunity for teams to truly establish a "team" style of wrestling.

#### Program

During camp, each coach will choose the 12 different areas that they want their team to perfect from each of the 4 IU coaches. The coach will also pick 5 different hour long training sessions. To top things off, each team will get to wrestle live against 5 other teams in 5 – 1 hour long practices.

#### Cost

- \$350 per individual
- Teams get one free coach
- Commuter fee \$275
- Additional coaches \$200

**Pre-Registration requires a \$150 non refundable deposit. No refunds after check in.**

#### Objective

Training Camp is designed to bring out the best in each participant. Tough intelligent training creates tough intelligent competitors. It is our goal to provide a training environment that will not only be beneficial for the short term, but one that will help develop an understanding of what it takes to train for success at every level of competition.

#### Program

Training camp will cover strength training, conditioning, technique and competitive wrestling. It will allow you to personalize your camp by picking each of your 12 technique sessions at check in.

#### Cost

- \$350 per individual
- Commuter fee \$275
- Coaches \$200

**Pre-Registration requires a \$150 non refundable deposit. No refunds after check in.**

#### Objective

Technique is essential for skill development. While goals and dedication are vital to achieving success in wrestling, without knowledge of technique, it will be very difficult to reach your full potential. Instruction will be given covering all areas of wrestling. We will demonstrate skills that are proven in competition and will help to make you a complete wrestler.

#### Program

We will emphasize learning by doing. It is important that a great deal of your learning time is hands-on experience.

Both days will follow the schedule below:

9:00 am – 10:00 am \*Registration  
10:00 am – 11:30 am

Lunch Provided - 12:30 pm – 2:00 pm  
\*At the wrestling room in Assembly Hall

#### Cost

- \$100 - Pre registered Commuter (\$100 is non refundable)
- \$125 – if registered at the door
- **No refunds after check in**

**-Coaches select 3 from each technician-**

#### Duane Goldman

- Claw Series
- Bar Arms
- Leg Riding/ Turns
- Over Under Offense
- Cradles
- H.C. Crack Down
- 2 on 1 Offense/Defense
- Under hook Offense/Defense
- Shot Defense
- Deep Shots Strong Finish
- Coach's Choice

#### Pat DeGain

- High Crotch
- Bar Arms
- Stand Ups
- Hand Fighting
- Breakdowns
- H.C. Crack Down
- Leg Defense
- Under Hook Offense/Defense
- Double Legs
- Front Headlock
- Coach's Choice

#### Joe Dubuque

- High Crotch
- Defending Funk
- Leg Riding/Turns
- Low Single
- Tight Waist Turns
- H.C. Crack Down
- Leg Defense
- Mat Returns
- Single Legs
- Bottom Positioning
- Coach's Choice

#### Brandon Becker

- Claw Series
- Bar Arms
- Leg Riding/ Turns
- Half Series
- Cradles
- Tilts
- Leg Defense
- Granby Series
- Shot Defense
- Front Headlock
- Coach's Choice

#### Training Sessions: Pick 5

1. Timed running
2. Distance Running
3. Strength Training
4. Cross Training
5. Field Training Exercise
6. Ultimate Football

**\*May choose same session more than once\***

#### Conclusion:

- Opening Session
- 12-30 minute technique sessions
- 5 Hour long training sessions
- 5 Hour long practices with other teams
- Closing Session

#### Personal Team Training Camp

June 13-16 or  
 June 30-July 3

#### Training Camp

June 13-16 or  
 June 30-July 3

#### Little Hoosiers Commuter Camp

June 23-24

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ Entering Grade \_\_\_\_\_ School \_\_\_\_\_  
 Coach \_\_\_\_\_ Coach's # \_\_\_\_\_  
 Roommate preference \_\_\_\_\_  
 Health Insurance Co./Group # \_\_\_\_\_  
 Medications/Allergies \_\_\_\_\_

**Consent Form & Waiver:** In order to enable the IU Health Center of Indiana University and/or other health facilities in Bloomington to provide prompt care to your minor son or daughter, we urge you to read and complete this consent form. In this way, we can help your child without delay should an emergency occur. I verify that my child has been checked by a licensed physician, and he is physically able to participate in the camp. I hereby authorize the directors of the Indiana Wrestling Camps to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for injuries while at camp.

**AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER OF LIABILITY MUST BE SIGNED AND DATED BY PARENT/GUARDIAN.**

The camper, in attending the Indiana Wrestling Camps, does so at his own risk. Indiana University, its Athletic Department, staff, and participating high schools shall not be liable for any damages arising from personal injury sustained by the camper; and his parents assume full responsibility for any damages or injuries which may occur to the camper during the camp, and so hereby fully and forever exonerate and discharge Indiana University, its Athletic Department, staff, participating high schools, owners, employees, and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of the camper's participation in the camp.  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I declare that I am the Father/Mother/Guardian of the above-named minor, and grant the aforementioned permissions and releases.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
PLEASE PRINT Parent's/Guardian's Name \_\_\_\_\_

PLEASE PROVIDE PARENTAL/PHYSICIAN INSTRUCTION WITH THIS APPLICATION FOR ANY MEDICAL PROBLEMS RELATED TO YOUR SON'S PARTICIPATION IN THE WRESTLING CAMP.