



FERN CREEK

STATE CHAMP CAMP



CAMP CLINICIANS: Mark Hitchings, Fern Creek High School Head Wrestling Coach
Jeff Branch, Fern Creek Youth/Middle School Head Wrestling Coach
Myron Bradbury, 2X State Champ, Current Lindsey Wilson Wrestler
Josh Johnson, 2X State Champ, Current Lindsey Wilson Wrestler
Brad Hitchings, 2X State Champ, 4X State Placer
Brent Hitchings, 2012 State Champ, 4X State Placer
And other Guest Clinicians

DATE: JUNE 15-17, 2012

LOCATION: FERN CREEK HIGH SCHOOL – LARGE GYM

COST: \$100. MUST HAVE CURRENT USA CARD. This camp is for experienced wrestlers.

FRIDAY, JUNE 15th: 4PM-7PM

SATURDAY, JUNE 16th: 10AM-4PM (lunch from Noon-1pm)

SUNDAY, JUNE 17th: NOON-3PM

4PM-5PM – Refereed Match Wrestling (Parents encouraged to come and watch)

Lunch is not provided. Several restaurants are within walking distance.

Pre-registration is highly encouraged.

Camp information: Mark Hitchings, 502-445-6862, mark.hitchings@americanmortgage.com

Email registration to: lisacambron@insightbb.com or fax to: 473-1777

Please mail the \$100 fee payable to Fern Creek Wrestling Club to:

Lisa Cambron, 4017 Hurstbourne Woods Drive, Louisville, KY 40299

HOSTED BY:

FERN CREEK WRESTLING

“WHERE CHAMPIONS ARE MADE”

Registration Information

Wrestlers Name: _____ DOB: _____

Address: _____ City: _____ State: _____

Contact Name: _____ Contact Phone Number: _____

Years of Experience: _____ Weight: _____

Technique you would most like to learn about: _____

Parental Waiver and Consent Form

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate as a team member in this wrestling camp.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the parties hosting this camp, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

(Name of Child)

(Date of Birth)

(Street Address)

(City)

(State)

Please list any physical limitation (allergies, hearing, sight, etc.): _____

(Parents Signature) (Date)