

La Crosse Central High School

“WRESTLING CAMP”

When: **June 15-June 18 (2010)**

- *Grades K-6* *5:00-6:30 pm*
- *Grades 7-12* *6:30-8:30 pm*

Tuesday, June 15: **Camp**

Wednesday, June 16: **Camp**

Thursday, June 17: **Camp**

Friday, June 18: **OUTDOOR TD Tourney**
(Weather Permitting in the
Tennis Courts)

Where: **La Crosse Central High School**

**1801 Losey Blvd. South
La Crosse, WI 54601**

Who: **Grades K-12**

Cost: **\$50.00** (Includes Camp and TD Tourney)
\$40.00 Group Rate (3 or more from your school)

Featured Clinicians:

- **Tim Fader** Head Coach, UW-Whitewater
NCAA DIV. III Coach of the Year-2001 (UW-La Crosse)
- **Matt Zwaschka** Assistant Coach (UW-Whitewater)
All-American (UW-La Crosse)
- **Jeff O’Gara** Assistant Coach, Luther College
National Champion (34-0) (UW-La Crosse)
- **Jarod Benrud** Head Coach, La Crosse Central High School

If you have any questions, please contact:

****Jarod Benrud: (608)789-7900 ext. 4059 jbenrud@lacrosseschools.org***

La Crosse Central High School

"TAKEDOWN TOURNAMENT"

K-8 / High School / Old Timers

WHEN: ***Friday, June 18 (2010)***

Weigh-ins: 4:00 pm - 5:00 pm

Wrestling Starts: 5:30 pm - ????

*Wrestling will begin as soon as bracketing is done.

WHERE: **La Crosse Central High School**

1801 Losey Blvd. South

La Crosse, WI 54601

Tennis Courts (Weather Permitting)

If bad weather, tourney will be Cancelled !

WHO: K-8 / High School / Old Timers
(Brackets by AGE and WEIGHT)

COST: **\$10** (Pre-register by Friday, ***June 11TH, 2009***)

\$15 (Registration at the Door)

No USA card required!

INFO: ***4-Man Round Robin**

(2) Two-Minute Periods (30 sec. break)

***Takedowns only:** 1 point for takedown
2 points for takedown to back

***MEDALS:** 1st & 2nd Place (In Each Bracket)

***5 TROPHIES:** Most Takedowns/Points
(Average of Matches Wrestled)

If you have any questions, please contact:

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La Crosse Central: REGISTRATION FORM

***Make Checks out to: "CENTRAL WRESTLING"**

***Please mail this registration form and check to:**

La Crosse Central High School
% Jarod Benrud (Head Wrestling Coach)
1801 Losey Blvd. South
La Crosse, WI 54601

PLEASE CHECK ONE:

_____ \$50 - **CAMP AND TAKEDOWN TOURNAMENT**
_____ \$15 (at Door) - **TAKEDOWN TOURNAMENT ONLY**

Wrestler's Name: _____

School/Club Affiliation: _____

Grade in School Next year: _____ **Weight** _____ **Age:** _____

Parent's Release and Agreement:

*I hereby request that you accept this application for the enrollment of

_____ for the 2010 Central Wrestling
(Print Wrestler's Name)

Camp. I also certify that my child is medically fit to participate in your program. I hereby release Central High School and Camp Clinicians from ALL claims on account of any injuries which may be sustained by my child while attending the 2010 Central Wrestling Camp. *I also give permission for appropriate care and treatment to be given as seen necessary by the Athletic Trainer/Doctor.

Emergency Phone Numbers:

***Home Phone** _____
***Cell Phone** _____
***Work Phone** _____

Parent/Guardian Name: _____

Parent's Signature _____ **Date:** _____